

# Oaklands Surgery - Canvey Island

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Oaklands Surgery – Canvey Island on 22 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. Information was recorded and shared with staff and external stakeholders in a timely manner.
- Risks to patients were usually assessed and well managed although we could not be assured that the system in place for maintaining the cold-chain for the storage of vaccines was effective.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available in the practice leaflet, in the waiting area and on the practice website and this information was easy to understand.
- The practice had good facilities within a primary care centre and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example changes were made to the telephone system and to the layout of the waiting area.
- We saw evidence that access to appointments was being improved in response to national data, the telephone system had been improved and additional staff had been recruited to increase the availability of both GP and nurse appointments.



# Summary of findings

- There was a clear leadership structure and staff felt supported by the practice management team and the partner GPs. Staff had key roles within the practice, they were aware of their own roles and responsibilities as well as others.
- The practice had a clear vision and supporting business plans in place to drive improvement over the next five years.
- 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 there are robust systems in place for the safe storage of vaccines.

The areas where the provider should make improvements are:

Continue to monitor patient feedback and survey data to ensure that the improvements that have been made are being reviewed and maintained.

**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**



- There was an effective system in place for reporting and recording significant events. We saw evidence of this information being shared to ensure actions were taken to improve safety in the practice.
- When things went wrong, staff acknowledged this and patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff were suitably trained in safeguarding adults and children and they understood their responsibilities in relation to this.
- There were adequate arrangements in place to deal with medical emergencies. Regular evacuation drills were carried out and measures were in place to assist disabled patients in the event of an emergency.
- Risks to patients were usually assessed and well managed; however we found that the practice could not ensure the safe storage of the vaccines as the cold chain had not been maintained.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) from 2014/2015 showed patient outcomes were often worse than data for other practices when compared to the national average. We saw evidence of work undertaken to improve these patient outcomes and the 2015/2016 data was significantly better but had not yet been verified.
- Staff assessed needs and delivered care in line with current evidence based guidance. New guidance was shared at clinical governance meetings and patients affected were treated accordingly.
- Some clinical audits demonstrated quality improvement, and we saw audits being progressed to continue this programme.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.



# Summary of findings

- There was evidence of appraisals and personal development plans for all staff.
- A lead GP worked with other health care professionals to understand and meet the range and complexity of patients' needs, this information was then shared with all clinical staff to ensure good patient care.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Although data from the national GP patient survey showed patients rated the practice worse than others for several aspects of care, we saw evidence of actions taken over the last six months to improve this. For example; a new telephone system had been installed to improved patient access, a receptionist team leader had been put in post to help improve patient experiences and new staff including a practice manager and nursing staff had been recruited to improve patient outcomes.
- Patients we spoke with said they were treated with compassion, dignity and respect and they felt involved in decisions about their care and treatment.
- A wide variety of information about the services available was easy to understand and accessible. Television screens had been installed to promote health education and a monthly topic was chosen to specifically educate patients on a health issue.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The lay-out of the waiting room had been altered to protect patient confidentiality.
- The practice had a member of staff responsible for monitoring the identification of carers and the additional services offered to them.
- The practice actively identified families who suffered bereavement and sent a sympathy card as well as offering support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice met with the local medicines management team weekly to ensure prescribing was in line with national guidance.



# Summary of findings

- Patients said they were able to make an appointment with a named GP, we were told this had improved since new staff had been appointed, and there was continuity of care, with urgent appointments available the same day.
- The practice acted on patient feedback to address areas of concern including access to appointments. The practice had conducted their own surveys which showed a dramatic improvement in patient satisfaction.
- The practice had good facilities within a purpose built primary care centre and was well equipped to treat patients and meet their needs.
- Information about how to complain was available within the practice and online and was easy to understand. Evidence showed the practice responded in a timely manner to issues raised and learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

**Good**



- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. There was a five year business plan in place which demonstrated a strategy for the continual improvement of services to 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. There was a team approach to delivering services, a high level of engagement and all staff had key roles to play in order to achieve this. The practice had a number of policies and procedures to govern activity and held regular clinical governance meetings.
- The practice had identified areas for improvement in the last 12 months, had implemented action plans and had made changes to drive improvement. These changes were being audited to show and monitor this improvement.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- 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 and encouraged to assist the practice in driving improvement.



# Summary of findings

- There was a focus on continuous learning and improvement at all levels and the practice were hoping to become a training practice in the future.



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice had a large elderly population aged 60 years and over. They offered proactive, personalised care to meet the needs of these patients.
- The practice communicated with nursing homes where some of their patients lived and offered home visits and vaccination programmes as and when they were needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All patients had a named GP and were made aware of this.
- A wide variety of information regarding services was made available to this patient group and their families.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management. There were weekly GP led diabetes clinics with additional nurse led sessions as well as nurse led respiratory clinics.
- Patients at risk of hospital admission were identified as a priority; hospital admissions were monitored and followed up.
- There were good relationships with other organisations such as district nurses as they worked in the same primary care centre.
- National data showed the practice performance regarding diabetes indicators was below average; however following audits and other intervention we saw this data had improved but had not yet been verified.
- Longer appointments, telephone consultations 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, there was a lead GP who worked with relevant health and care professionals on a regular basis to deliver a multidisciplinary package of care.



# Summary of findings

## Families, children and young people

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

Good



- 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. There were separate lead GPs for safeguarding adults and children and all staff were aware of this and their responsibilities regarding safeguarding.
- 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. Staff were aware of and understood Gillick competency.
- There was a mix of ages, races and gender throughout the clinical staff; we were told that this assisted in treating all patients in a caring, non-discriminatory and non-judgemental way.
- 86% of female patients aged 25 to 64 had a record of a cervical screening test performed in the last five years (01/04/2014 to 31/03/2015), this was above the national average of 82%. The practice had a dedicated staff member responsible for communicating with patients regarding cervical screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with district nurses, health visitors and school nurses who worked in the same primary care centre.

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

Good



- 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 including appointments, and a Web GP service allowing patients to ask for advice via the practice website. There were plans to further increase this use of technology by introducing Skype consultations.



# Summary of findings

- There was a full range of health promotion and screening that reflects the needs for this age group, including chlamydia and bowel cancer screening.
- A new pilot scheme was being offered to encourage patients to live healthier lifestyles.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- There was a lead GP and a lead staff member for patients with a learning disability. These patients were offered longer appointments, health education and health assessments. These patients were always offered a chaperone. Information regarding patients was shared with the community learning disability team.
- The practice regularly worked with other health care professionals, including mental health services, social services and dementia liaison services, in the case management of vulnerable patients. Monthly multidisciplinary meetings were held to discuss patients with a lead GP and this information was shared with all clinical staff.
- 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.
- Staff had undertaken additional training regarding the awareness of female genital mutilation, domestic abuse and the care of rape victims.

Good



## 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).

- 86% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- Other data regarding mental health related indicators was below average and action had been taken to improve this data and we saw evidence of this working.

Good





# Summary of findings

- The practice regularly worked with dementia liaison services and other organisations in the case management of patients experiencing poor mental health.
- 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. Where necessary the practice referred patients to external organisations such as the community psychiatric team.
- The practice had a system in place to follow up all patients who had attended accident and emergency including those who may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and planned to share this knowledge by providing awareness training to staff in the local nursing homes.



# 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 in line with local and national averages. 283 survey forms were distributed and 116 were returned. This represented a 41% completion rate.

- 19% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 69% 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 85% and the national average of 85%.
- 70% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.

- 49% 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 75% and the national average of 78%.

The practice scored 100% on the NHS Family and Friends test regarding how many patients would recommend this practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 13 comment cards which were all positive about the standard of care received, the facilities provided and the attitudes of all staff.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke with confirmed that improvements had been made within the last six months to improve the service they received.

## Areas for improvement

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

Ensure there are robust systems in place for the safe storage of vaccines.

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

- Continue to monitor patient feedback and survey data to ensure that the improvements that have been made are being reviewed and maintained.



# Oaklands Surgery - Canvey Island

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Oaklands Surgery - Canvey Island

Oaklands Surgery – Canvey Island is located in a purpose built primary care centre shared with several other primary care providers as well as a pharmacy. The centre is located in the centre of Canvey Island with ample parking facilities and good public transport links. At the time of our inspection the practice had a list size of 10,295 patients.

There are two male GP partners, two female GP partners and one male salaried GP. There are five nurses, two of whom are nurse practitioners and four of whom are independent prescribers. There are three healthcare assistants and one associate practitioner. Non-clinical staff include a practice manager, a practice secretary and a large administrative and reception team.

The practice is open between 8.30am and 6.30pm Monday to Friday. In addition, weekend appointments were available through the local GP Alliance at an alternative location.

When the practice is closed, patients are directed to out of hours services by calling 111. These services are provided by IC24.

## 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 22 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, healthcare assistants, the practice manager and other non-clinical staff; we also spoke with patients who used the service.
- Observed how patients were being cared for.
- 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:



# Detailed findings

- 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 their line manager of any incidents and there was a significant event record form available. 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).
- The significant event was recorded with learning outcomes and an action plan, the record also detailed when this information was shared and who it was shared with.
- The significant event record also provided evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- During our inspection we found issues regarding the safe storage of vaccines, this was acknowledged as a significant event and dealt with in accordance with the significant event policy.

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 safety alert related to diabetic medicines was shared with all staff at a clinical governance meeting, affected patients were identified and written to. These patients had their care and treatment altered and their records documented to show this.

### Overview of safety systems and processes

The practice had 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, these contact details were also easily accessible in the reception area. There was a lead GP for safeguarding children and another for safeguarding adults, all staff were aware of this. 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.

- A notice in the waiting room, and on the doors of some consultation rooms, 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 visibly clean and tidy. The landlord of the primary care centre was responsible for the cleaning within the building and cleaning schedules were available. Additional checks were carried out by the practice staff. The practice manager and two practice nurses took a lead in infection control and these members of staff 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 an action plan which detailed what actions were required, who was responsible and a deadline for the action to be carried out.
- Most of 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). However we identified several potential breaks in the cold-chain for the handling and storage of vaccines, due to temperatures not being recorded adequately. This had not been identified by the practice and therefore no action had been taken to address this. We discussed this with the practice manager and immediate action was taken.
- Processes were in place for handling repeat prescriptions which included the review of high risk



## Are services safe?

medicines. The practice carried out regular medicines audits. The practice worked alongside the local CCG medicine management teams on a weekly basis to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor their use. All four of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received on-going mentorship and support from the GPs for this extended role. Patient Group Directions were available but not required as all nurses were independent prescribers. Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. There was a system in place to ensure all staff provided proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. This information was kept securely and updated regularly.

### 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 displayed in the reception office which identified local health and safety representatives. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had up to date fire risk assessments and carried out regular fire drills, they also had a policy and risk assessment relating to the control of substances hazardous to health as well as infection control. The

practice had a variety of other risk assessments in place to monitor safety of the premises such as health and safety, fire and legionella which were written and monitored by the landlord and maintenance team who managed the primary care centre. (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.
- Regular evacuation drills were carried out and there were suitable arrangements in place to assist disabled patients in an emergency situation.
- Clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. Non-clinical staff received basic life support training every three years as recommended.
- 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 stored in a locked drugs trolley, the key was kept in a key safe and all staff knew the code to access this. All the medicines we checked were in date.
- 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. Any changes to guidelines were discussed at clinical meetings and information was shared with all relevant staff.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Patient safety alerts were logged and shared with all staff. Patients were audited to find those affected by alerts; these patients were then contacted in writing and had their treatment plans reviewed appropriately.

### 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 from 2014/2015 showed the practice achieved 83% of the total number of points available compared to a CCG average of 90% and a national average of 95%. The practice provided evidence of achieving 94% of the total number of points available in 2015/2016; however this data had not been verified.

Exception reporting data showed the practice was comparable to other practices locally and nationally for most indicators, although exception reporting was higher than average for osteoporosis and contraception. (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 an outlier for several QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was worse than the national average. For example, 76% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), this was lower than the national average of 88%.
- Performance for mental health related indicators was mixed in comparison to the national averages. Some indicators within the domain showed a large variation, for example; 58% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015), this was lower than the national average of 88%. However, performance for some indicators in this domain was better, for example; 86% of patients diagnosed with dementia had their care reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) which was comparable to the national average of 84%.
- Performance for indicators related to patient registers and long term conditions was mixed with one indicator showing a large variation; 77% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) which was lower than the national average of 90%.

The practice were aware of areas for improvement and had taken action in the last 12 months. We viewed QOF data for 2015/2016, which at the time of our inspection had not been verified, and this data showed significant improvements.

There was evidence of quality improvement including some clinical audit.

- We were provided with evidence of two clinical audits completed in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.
- Areas for auditing were being identified as areas that required improvement. For example it was identified that diabetic patients were not all receiving foot examinations, an audit was carried out and changes were made to encourage this. A second cycle of this audit showed an improvement in the number and quality of foot examinations for diabetic patients.



# Are services effective?

## (for example, treatment is effective)

### 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 included administrative tasks, health and safety issues, information governance and equality and diversity. There was also an induction checklist and information pack for any locum staff that worked at the practice.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff responsible for reviewing patients with long-term conditions told us they received on-going support and updates as required.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. These staff also had on-going peer reviews and support in-house. 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, time to learn sessions and discussion at practice meetings. However, not all staff had a full understanding of the safe storage of vaccines and this lack of understanding had led to several breaks in the cold-chain
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff told us they felt supported with their continuous professional development and that their training needs were met by 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 and felt this provided an opportunity to discuss their professional development.
- 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, external and in-house training. There was a member of staff responsible for recording and monitoring staff 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.

Due to the practice being located within a primary care centre, there were good working relationships with other organisations within the same building such as district nurses.

A lead GP attended multidisciplinary meetings on a monthly basis with other health care professionals when care plans were routinely reviewed and updated for patients with complex needs. This information was then shared with other staff in the practice.

### 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. The GPs and some other clinical staff had undertaken training in 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 and staff were aware of Gillick competency.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse were able to assess 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



# Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers and those at risk of developing a long-term condition were identified and offered additional support either in-house or with external organisations.
- A new scheme called 'Let's get moving' had been implemented as a pilot project by the CCG. The practice had identified 1600 of their patients who fitted the criteria; these patients were offered one to one support with nutritional, exercise and lifestyle advice.
- The practice promoted a specific health issue each month, at the time of our inspection, this was bowel screening. Information was provided on notice boards, television screens and leaflets with advice and information for patients.

The practice's uptake for the cervical screening programme was 86%, which was better than the national average of 82%. The practice had a dedicated member of staff who communicated with patients regarding this screening programme, patients received telephone reminders to attend for screening appointments and information was provided to alleviate worries or concerns women had

regarding the procedure. There were 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 CCG and national averages. For example:

- The percentage of childhood PCV vaccinations given to under one year olds was 96% compared to the CCG percentage of 97%.
- The percentage of childhood Men C Booster vaccinations given to under two year olds was 97% compared to the CCG percentage of 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. The practice monitored uptake of these health checks and had carried out 355 NHS health checks in 2015/2016. Information regarding self-care and preventative medicine was provided at this time and appropriate follow-ups 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.

- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This was promoted with signs in the waiting area.
- A sign asked patients to wait a suitable distance away from the reception desk to protect patient confidentiality, the practice were also awaiting new privacy screens to be fitted around the reception desk.
- 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.

All of the 13 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and all staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG) and three other patients. They also told us they were happy with the care provided by staff at the practice. Comment cards highlighted that staff responded appropriately when they needed help and provided support when required.

Results from the national GP patient survey, published in January 2016, 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:

- 65% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 67% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

The practice staff were aware of this data and had made changes to drive improvement including a change in, and an increase in the number of, clinical staff which had improved the care and treatment received by GPs and nurses. Comment cards, practice surveys and patients we spoke to all corroborated this improvement.

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

Patients told us they had the opportunity to be 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 about the treatment provided by clinicians.

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 below local and national averages. For example:

- 63% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 56% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice were aware of this data and had identified areas for improvement. Changes had been made to drive



## Are services caring?

improvement including the recruitment of additional clinical staff. Audits identified areas for improvement in the care and treatment of patients and were being conducted to monitor this improvement.

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.
- A wide variety of information leaflets were available in easy read format.
- Television screens in the waiting area promoted support services available in the local area as well as general health advice.
- Due to the practice's location in a primary care centre, access to other organisations and services was readily available.

### **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 local and national support groups and organisations. This included information regarding bereavement support, carer support and services for patients living with dementia and other long-term conditions. 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 134 patients as carers which represented 1.3% of the practice list. These patients were signposted to support organisations, offered flu vaccinations and additional services available in the local area. There was a carers' notice board in the waiting area which displayed information and contact details for a befriending service. Written information was also available to direct carers to the various avenues of support available to them.

There was a member of staff responsible for identifying any families who had suffered bereavement, the practice then sent them a sympathy card. The family would be contacted and offered support.



# 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, this included weekly meetings with the local medicines management team.

- There were longer appointments available for patients with a learning disability, these patients were offered health assessments and were always offered a chaperone.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included patients living in nursing homes.
- Telephone consultations were available every day.
- Web GP access was provided via the practice website to enable patients to ask for advice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. A cancellation hotline had been implemented to reduce the amount of missed appointments.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The fees for any services not available on the NHS were advertised in the waiting area.
- A new pilot scheme offered patients one to one advice and support with regards to diet, exercise and lifestyle.
- Phlebotomy services were provided by the healthcare assistants to all patients.
- One of the GPs offered a service to the CCG, including the practice's patients, to provide carpal tunnel surgery.
- There were facilities for disabled patients, including lifts and toilets with wheelchair access. A hearing loop and translation services were available.
- Efforts had been made to ensure a mix of staff with regards to race, age and gender to ensure patients felt comfortable seeing a clinician whatever their circumstances.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available at various times during these opening times depending on which GPs

were on duty. Weekends appointments were available through the local GP Alliance at alternative locations within the locality. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 19% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.
- 33% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 65% and the national average of 59%.
- 40% of patients described their experience of making an appointment as good compared to the CCG average of 73% and the national average of 73%.

The practice staff were aware of this data and had made changes to drive improvement including a reception team leader being appointed to improve services offered at reception. A new telephone system and online services were improving patient access and patient experiences. Practice surveys had been carried out to demonstrate and monitor this improvement. People told us on the day of the inspection that they were usually able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. There was always a duty GP who would determine if a home visit was required.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements, such as an emergency ambulance were made.

### 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.



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

- There was a designated responsible person who handled all complaints in the practice and staff were aware of this.
- We saw that information was available to help patients understand the complaints system; this information was available in the waiting room, in the practice leaflet and on the practice website.

We looked at eight complaints received in the last 12 months and found these were satisfactorily handled, dealt

with in a timely way and there was openness and transparency with dealing with the complaint. Patients received an apology when appropriate and we saw evidence of lessons being 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. This information was shared with staff to encourage learning, where applicable this information was also shared with external organisations including CQC.



# 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 good quality care and to improve patient outcomes.

- The practice had a mission statement, 'Each and every patient matters' which was displayed in the waiting area and on the practice website, staff knew and understood this.
- The practice had a robust strategy and a five year business plan which reflected the vision and values, demonstrated an understanding of the local population and demands on the practice and detailed an action plan of how the practice would ensure they met these demands.

### Governance arrangements

The practice had a 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 and detailed staffing structure and that all staff were aware of their own and other's roles and responsibilities.
- Most practice specific policies were implemented and were available to all staff. This was with the exception of the cold-chain policy for the safe storage of vaccines; there was a policy available but it was not being implemented by staff; however, when we addressed this with the practice manager, immediate action was taken and we were provided with a detailed action plan by the next working day.
- A comprehensive understanding of the performance of the practice was maintained by all staff. There was a drive to continuously improve this performance and we saw that data for 2015/2016 demonstrated significant improvements, although this data was yet to be verified.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- The landlord responsible for the primary care centre provided risk assessments for identifying, recording and managing risks, issues and implementing mitigating

actions with regards to fire, health and safety and legionella. The practice managed risks associated with infection control and the control of substances hazardous to health.

### 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 good 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. This leadership was supported by a strong practice management team.

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



# Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), both virtual and face to face, 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 PPG members provided input regarding the implementation of a new telephone system to improve patient access.
- On-going patient surveys were being used to demonstrate and monitor patient satisfaction with the changes which had been implemented, including the telephone system, online services, the new waiting room lay-out and new clinical staff.

- The practice had gathered feedback from staff through staff meetings, appraisals and on-going 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, they also told us of significant improvements over the last year. This included staff recruitment and each individual staff member having specific roles and responsibilities.

## 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, including the 'Let's Get Moving' pilot to encourage patients to lead a healthier lifestyle. The practice were also aiming to become a training practice in encourage the on-going development of new GPs.



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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users. They had failed to ensure the safe storage of vaccines as staff had not highlighted fridge temperatures recorded outside the recommended range.</p> <p>This was in breach of regulation 12(1)(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>