

# Dr P J Lightfoot & Partners

## Quality Report

Biddulph Valley Surgery

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Date of inspection visit: 11 January 2017

Date of publication: 17/03/2017

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 Dr P J Lightfoot & Partners, 11 January 2017. The practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- Risks to patients were assessed and managed well with the exception of those areas relating to the management of medicines and the recruitment of staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day and pre bookable appointments available.
- Feedback from patients about their care was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure in place. The practice proactively sought feedback from staff and patients, which it acted on. The provider was aware of and complied with the requirements of the duty of

# Summary of findings

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 provider MUST;

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.
- Implement processes to improve the recruitment process so that all staff are recruited safely and checks are carried out prior to them commencing work at the practice.

The practice SHOULD:

- Improve the access for training in adult safeguarding and the Mental Capacity Act 2005

We saw one area of outstanding practice:

- The practice had appointed a Practice Matron to enhance and co-ordinate care for older people particularly those at risk of unplanned admissions. The practice was able to employ the practice Matron using funding provided by the CCG. The practice had agreed key performance indicators (KPIs) with the CCG who regularly monitored performance relating to this initiative. The practice is showing green in all KPIs and was able to provide numerous examples where hospital bed days had been reduced and patients were managed effectively at home. The practice had developed care plans, patient support information and worked closely with other organisations and professionals such as the CPNs to meet patient's needs.

**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.
- Lessons were shared to make sure action was taken to improve safety in the practice. This was discussed at the practice meetings, investigated immediately and shared with the team.
- Risks to patients were assessed and managed however the arrangements for managing medicines in the practice did not always ensure patients were safe. For example, the practice could not demonstrate appropriate checks were carried out to monitor temperatures of the vaccine refrigerators. Also some aspects of infection control were not regularly checked and monitored.
- When things went wrong the practice had in place a policy to ensure 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. However not all clinical and non-clinical staff had received adult safeguarding training or recent updates.
- The practice promoted a non-judgemental approach to dealing with incidents which encouraged staff to report all concerns.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) for 2015/2016 showed patient outcomes were at or above average compared to the local CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and there was a proactive approach to audit.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals, supervision and personal development plans for staff which were linked to the practices needs.

# Summary of findings

- The practice worked closely with other agencies.
- Staff were proactive in supporting patients to live healthier lives through a targeted and practice approach to health promotion and the prevention of ill health.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, 98% of patients say the last appointment they got was convenient compared to the local (CCG) average of 95% and the England national average of 92%
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the GP services available service was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

Good



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs.
- There was a proactive approach to understanding the needs of different patient groups and to deliver care that met their needs.
- Urgent appointments were available the same day. Patients said they could make an appointment with a named GP however there may be a wait of a few weeks to see them.
- Practice staff reviewed the needs of its local population and engaged with the local NHS England Area Team and Clinical Commissioning Group (CCG).
- Patients could access appointments and services by telephone, online or in person. However patients had commented when responding to the national patient survey that access via the telephone was difficult.
- There was an active review of complaints and how they were managed and the practice responded and made improvements in response to complaints received.

## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported. The practice had a number of policies and procedures to govern activity and held regular management and team meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.
- There was 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 practice had a patient participation group (PPG) who worked with the practice to improve patient care.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice had clearly identified areas of risk and improvement required which informed their future planning.

# 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 offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 had a named GP. At the end of each year the practice identified all patients over 75 years of age who have not been reviewed and sent them a specific invitation for a health review.
- The practice was responsive to the needs of older people, and offered home and urgent appointments for those with enhanced needs.
- The practice had appointed a Practice Matron to enhance and co-ordinate care for older people particularly those at risk of unplanned admissions.
- The practice Matron visited the nursing and residential homes in the practice area weekly developing personalised care plans and information packs for patients and carers.
- The practice had identified and reviewed the care of those patients at highest risk of admission to hospital. Those patients who had an unplanned admission or presented at Accident and Emergency (A&E) had their care plan reviewed. Care plans were regularly reviewed and discussed.

The GPs reviewed NHS 111 contacts and planned follow up care as necessary

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a joint approach in managing these patients with the practice matron, community and district nurses. The practice promoted self-management by using care plans for asthma and Chronic Obstructive Airways Disease (COPD).
- Patients with COPD, asthma and diabetes were managed by nurse led clinics and GPs. Nationally reported data for 2015/2016 showed that outcomes for patients with long term conditions were good. For example, the percentage of patients

# Summary of findings

with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less was 85% compared to the national average of 80% and the CCG average of 81%.

- Longer appointments and home visits were available when needed. The practice Matron undertook most home visits for older people undertaking a comprehensive holistic assessment and offering follow up care.
- Patients with a long term condition had a named GP and a structured annual review to check their health and medicine needs were being met.
- The practice promoted self-management for some long term conditions and referred patients for ongoing support where required.
- The practice had dedicated reception staff to deal with queries and messages about and from palliative care patients and assist in access to timely care, these staff also attend the Gold Standards Framework (GSF) meeting.

## Families, children and young people

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

- Immunisation rates for 2015/2016 were comparable to or slightly below the local CCG and England average for all standard childhood immunisations. For example, immunisations given to children aged 12 months, 24 months and five years in the practice ranged from 82% to 95% compared to 86% to 96% for the local CCG area and 81% to 95% for England.
- 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.
- Nationally reported data from 2015/2016 showed the practice's uptake for the cervical screening programme was 76% compared to the local CCG average of 82% and national average of 81%. We saw examples of systems in place to promote cervical screening to women throughout the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with multidisciplinary teams, including midwives, health visitors and school nurses.
- The practice provided access to contraception and screening for sexually transmitted diseases (STDs).

Good





# Summary of findings

- The practice offered six week post-delivery checks for mothers and babies.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

**Good**



## **People whose circumstances may make them vulnerable**

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

- The practice held a register of patients living in vulnerable circumstances and provided a supportive and non-judgemental approach. Examples of these patient groups were people with drug and alcohol problems and those living with a learning disability.
- The practice offered longer appointments for patients with a learning disability. Annual reviews for this group were monitored by the practice.
- The practice held regular Gold Standards Framework (GSF) palliative care meetings to discuss and agree care plans. This involved the practice working together as a team and with other professionals in hospitals, hospices and specialist teams to provide the highest standard of care possible for patients and their families.
- The practice had no patients whose first language was not English but had systems in place to meet the needs of this patient group. The practice had systems in place to deal with patients with sensory loss.

**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).

**Good**



# Summary of findings

- Nationally reported data from 2015/2016 showed 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the previous 12 months, compared to the local CCG average of 86% and the national average of 82%.
- Nationally reported data showed the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in their record in the preceding 12 months was 98%, this was 9% above the local CCG and national average.
- The practice undertook regular patient reviews in their own home or in the surgery. Those patients who had not attended were followed up with an invitation letter or with a phone call.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. The practice Matron undertook a monthly visits at the local nursing and residential care homes with the community psychiatric nurse (CPN).
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. Patients suffering acute mental health issues were seen on the same day and had access to the local crisis team.
- 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.
- Patients on medicines requiring regular monitoring and where the practice shared their care with mental health services were monitored regularly.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed 213 survey forms were distributed for Biddulph Valley Surgery and 117 forms were returned, a response rate of 51%. This represented 1.1% of the practice's patient list. The practice was performing below or similar to the local CCG and national average in all of the 23 questions. For example:

- 47% of patients found it easy to get through to this practice by phone compared to the local CCG average of 72% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the to the local CCG average of 87% and national average of 85%.
- 89% of patients described the overall experience of this GP practice as good compared to the local CCG average of 97% and the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local CCG average of 81% and the national average of 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 completed comment cards which were all positive about the standard of care received. Patients described the service they received from all staff at the practice as good, friendly, excellent diabetic care and approachable and said staff treated them with dignity and respect. We received one comment about difficulties accessing the practice via the telephone.

We received feedback questionnaires from 14 patients during the inspection and spoke with three members of the patient participation group. All patients said they were happy with the care they received and thought all staff were helpful, caring, delivered excellent care and listened to them.

## Areas for improvement

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

- Ensure there are effective arrangements in place to ensure that vaccines and other medicines stored in the refrigerators are stored at the correct temperatures and appropriate records are maintained.

- Implement processes to improve the recruitment process so that all staff are recruited safely and checks are carried out prior to them commencing work at the practice.

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

- Improve the access for training in adult safeguarding and the Mental Capacity Act 2005.

# Dr P J Lightfoot & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, a second CQC inspector and a GP Specialist Adviser.

## Background to Dr P J Lightfoot & Partners

Biddulph Valley Surgery, Biddulph Primary Care Centre, Wharf Road, Biddulph, Stoke On Trent

Staffordshire, ST8 6AG is situated in the centre of Biddulph. The practice is housed in a new purpose built medical centre which is not owned by the practice. There is parking with some of the patients living within walking distance and there is access to public transport. There are 10,008 patients on the practice list. The practice scored four on the deprivation measurement scale, the deprivation scale goes from one to ten, with one being the most deprived. People living in more deprived areas tend to have a greater need for health services.

There are four GP partners three female and one male, there is also one salaried GP female. There are three nurse practitioners, three practice nurses, a practice Matron and two health care assistant (HCA) all female. There is a practice manager, departmental leads and administrative staff. The practice works closely with the clinical commissioning group (CCG). The practice is a teaching practice and provides a placement for medical students.

The practice is open from 8am to 6.30pm, four days a week and from 8am to 1pm on a Thursday. Appointments can be booked by walking into the practice, by the telephone and

on line. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Vocare via the NHS 111 service. The practice holds a General Medical Service (GMS) contract.

## 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 January 2017.

During our visit we:

- Spoke with a range of staff including GPs, nurses, and the health care assistant (HCA). We also spoke with administration staff.
- Reviewed questionnaires from non-clinical staff that they completed and returned to CQC prior to the inspection.

# Detailed findings

- We received completed 14 questionnaires from patients who used the service on the day of the inspection. Reviewed 39 comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with three members of the Patient Participation Group.
- Observed how staff spoke to, and interacted with patients when they were in the practice and on the telephone.

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 or the GPs 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 an analysis of the significant events. Incidents occurring were discussed on the same day or at the next available meeting. Significant events were a standing item on meeting agendas and these meetings occurred regularly. The results were shared with staff at meetings where the investigation and action plans were discussed and learning points for individual staff and the practice were identified. For example, following an incident where over prescribing of pain relief had been identified. Repeat prescribing for this type of medicine was removed from repeat prescribing and pain management plans promoted for use within the practice.
- 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.

### Overview of safety systems and processes

- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse. 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 what constituted abuse and

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 GP attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and provided examples of when they would raise a safeguarding concern. However, we saw that a few members of clinical and non-clinical staff had not received training for adult safeguarding. Following the inspection the practice manager reviewed safeguarding training for staff and arranged adult safeguarding training and updates for all staff. The GPs were trained to child protection or child safeguarding level three and the nurses were trained to level 2 and level 3.

- All of the patients who completed the patient questionnaires were aware they could ask for a chaperone. Clinical staff acted as chaperones and they were trained for this 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. One of the practice nurses was the infection control clinical lead. The nurse had completed infection control training. There were infection control policies and procedures in place. There were regular infection control audits undertaken by the infection control nurse. However, the practice had not checked the cleaning of curtains. The curtains were fabric and the sticker on them stated they were cleaned in July 2015. We also saw that some of the fabric chairs in the waiting area were stained and the cleaning programme for these was unclear. Following the inspection the practice manager provided evidence that these areas had been addressed. We saw that the nursing staff had processes to clean and check their rooms and equipment. However, there were no clear records kept of this.
- The practice had spillage kits for blood, urine and vomit. However, the non-clinical staff we spoke with were not aware of the correct process for dealing with spillages.
- The arrangements for managing medicines, including emergency drugs and vaccinations, may not have always kept patients safe. We saw that the policy for

## Are services safe?

checking the medicine refrigerators was not being followed by practice staff. We saw temperature recording was regularly missed for all of the medicine refrigerators during the past year. The refrigerators were not main-wired and there was not a notice in place to ensure they were not accidentally turned off. Following the inspection the practice provided evidence that this had been addressed by improving the process for regular monitoring and the purchase of data loggers. A data logger is an electronic recording instrument that monitors and reports various changes in environmental conditions over time. In this instance it records the temperature inside the medicine refrigerators.

- Regular medication reviews were necessary to make sure that patients' medicines were up to date, relevant and safe and we saw evidence to confirm this. There was a system in place for the management of high risk medicines and we saw examples of how this worked to keep patients safe. Prescription pads were stored securely and there were systems in place to monitor their use. The practice took part in medicines optimisation initiatives in partnership with their local Clinical Commissioning Group (CCG). Medicine optimisation aims to ensure that medicines provide the greatest possible benefit to people by medication review, and the use of patient decision aids. The practice kept up to date with developments and changes nationally and locally. Following a Significant Event Analysis SEA relating to the management of patients receiving high risk medicines requiring shared care processes had been improved and regularly monitored.
- We checked medicines stored in the treatment rooms found they were stored securely and were only accessible to authorised staff. Vaccines were administered by nurses and health care assistants using directions which had been produced in accordance with legal requirements and national guidance. Patient Group Directions and PSD (Patient Specific Direction) paperwork complied with national guidance.
- We reviewed four personnel files and found that not all recruitment checks had been undertaken prior to employment. For example, we were told for one member of staff that a verbal reference had been taken but not recorded. In two files there were no references and in another file there was only an academic reference. There were no interview summaries in any of

the files we looked at. We did not find evidence of professional body registration checks such as Nursing and Midwifery Council (NMC). We saw that all staff had the appropriate checks through the Disclosure and Barring Service. Following the inspection the practice provided assurance that the recruitment process has been reviewed and improved. There was one regular locum and we saw that the performers list assurance checks, revalidation, indemnity insurance and safeguarding training were undertaken for the locum doctor working in the practice.

### 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 which identified local health and safety representatives. The practice had carried out regular fire drills during the past year. The staff we spoke with were fully aware of what to do in the event of a fire.
- 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; including control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff told us that they supported each other by covering shifts when staff were on sick leave or holidays and there was a policy in place to ensure this happened.

### Arrangements to deal with emergencies and major incidents

The practice had 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available. The practice had a defibrillator and oxygen available on the premises. However there was poor evidence of regular checks being made to make sure they were working correctly. Following the inspection we received assurance that this had been addressed.
- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. The practice had undertaken audits following National Institute for Health and Care Excellence (NICE) guidance to ensure guidance was being followed.

### 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 for 2015/16 showed the practice achieved 99% of the total number of points available compared to the CCG average of 96% and the national average of 95%. This practice was not an outlier for some areas of QOF (or other national) clinical targets. Data from 2015/16 showed;

- Performance for diabetes related indicators was 100% which was 2% above the local CCG average, and 4% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was 4% below the national average and 4% below the local CCG average.
- Performance for mental health related indicators was 89% which was 2% below the local CCG average and 3% below the national average.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits undertaken in the last 24 months, five had audit cycles where the improvements made were implemented and monitored. We looked at two audits were two cycles had been completed and saw improvements had been

made. For example to evaluate antibiotic prescribing for Sore Throat symptoms against National Institute for Health and Care Excellence (NICE) clinical guideline 69: Respiratory tract infections-antibiotic prescribing and Public Health England (PHE) or local Infection management guidelines. The audit demonstrated overall compliance with NICE guidance (whether to prescribe) improved from 60% in the first audit cycle (Jan-Aug 2014) to 80% in the second audit cycle (Jan-Aug 2015). The practice participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for 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 a long-term condition.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes and had attended recent courses.
- The learning needs of staff were identified through a system of appraisals, supervision 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. The staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic and advanced life support and information governance. However not all staff had access to Adult safeguarding. Staff had access to and made use of training modules, local courses and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs. When required these meetings were more frequent.

### 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. However some staff clinical and non-clinical told us they had not received training on 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Where appropriate, patients were then signposted to the relevant service. The practice had produced information to assist patients in accessing support.
- Smoking cessation advice was available within the practice.

The practice's uptake for the cervical screening programme was 76%, which was below the local CCG average of 81% and the national average of 81%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme. The practice also 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 vaccinations given were comparable with the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds were 82% to 93%.

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 for healthy heart and lungs. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

There was a strong, visible, person-centred culture. Staff were highly motivated and inspired

to offer care that was kind and promoted people's dignity and was provided close to home. Relationships between patients who used the service, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by leaders. One of the reception staff had received training to support carers and practice maintained a carer's file with information to assist and direct carers to the support they required.

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 14 patient comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. All of the comment cards highlighted that staff responded compassionately and respectfully when patients needed help and staff provided support when required. We did receive one comment about the problems related to accessing the service via the telephone.

The practice results were above or similar to the local CCG averages and the national averages for its satisfaction scores for questions about how they were treated by GPs and nurses. Results from the national GP patient survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. For example:

- 91% of patients said the GP was good at listening to them compared to the local CCG average of 89% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the local CCG average of 89% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the local CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the local CCG average of 86% and the national average of 87%.
- 79% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the local CCG average of 91% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the local CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised. Patients commented that they received timely access to other services, clear explanations and choice from the GP. 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 similar to or below the local CCG and national averages. For example:

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

## Are services caring?

- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local CCG average of 83% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the local CCG average of 86% and the national average of 85%.

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 or were unable to communicate verbally. However the practice currently has no patients who do not have English as their first language.
- Information leaflets were available in easy read formats.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs and nurses if a patient was also a carer. The practice had identified 108 patients as carers; this was 1% of the practice list. All patients identified as carers were offered support and an annual flu vaccination. Written information was available to direct carers to the various avenues of support available to them. The Patient Participation Group PPG were proactively supporting and promoting this agenda locally speaking with patients and attending other local groups. The PPG worked with another local PPG to hold awareness raising days for patients and carers in the local supermarket for example in raising awareness of prostate cancer.

The practice had developed a protocol to ensure when families had suffered bereavement; their usual GP contacted them. We saw bereavement information available in the practice waiting area. The practice was able to refer patients to bereavement support groups locally.

# 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 local NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Examples of these were improving the management of patients with learning disabilities and improving medicines optimisation in the practice. Medicines optimisation helped patients to get the best benefits from the medicines they take.

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example;

- There were longer appointments available for patients with a learning disability, older patients and those who were vulnerable.
- Home visits were available for those patients who requested them such as older patients and patients who had needs which resulted in difficulty attending the practice. There was a process in place to triage these requests. The practice Matron conducted the majority of the home visits for older people and those at risk of unscheduled admissions. The Matron followed these patients up and developed care plans with the patients. The practice was able to employ the practice Matron using funding provided by the CCG to prevent and reduce unscheduled admissions. The practice had agreed key performance indicators (KPIs) with the CCG who regularly monitored performance. The practice is showing they are meeting all KPIs and provided numerous examples where hospital bed days had been reduced and patients were managed effectively at home. The practice had developed care plans, patient support information and worked in partnership with other organisations and professionals such as the CPNs.
- Same day appointments were available for registered and unregistered patients seven days a week.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm four days a week. On a Thursday the practice was open 8am to 1pm. The out of hours provider, provided cover from 1pm on a Thursday. In addition pre-bookable appointments that could be booked up to six weeks in advance and urgent appointments were available for people that needed them.

Results from the national GP patient survey published in July 2016 showed that patient's satisfaction with how they could access care and treatment was below the local CCG and the national average. The practice shared with the inspection team the action plans they have in place to address and improve access to the practice.

- 77% of patients were satisfied with the practice's opening hours compared to the local CCG average of 79% and the national average of 78%.
- 47% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%. The practice showed us the action plan they have introduced to address and improve access via the telephone.

People told us on the day of the inspection that they were 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.

When patients requested a home visit the details of their symptoms were recorded and then assessed by a GP. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits

### Listening and learning from concerns and complaints

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

- 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.
- Information was available to help patients understand the complaints system, for example the practice had a complaints summary leaflet.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of

care. An example of this was improving the communication for patients with hearing loss, they provided a texting service, interpreters and training for staff in communication and awareness when dealing with this patient group.



# 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 care and promote good outcomes for patients.

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

### Governance arrangements

- There was a clear staffing structure and staff were aware of their own roles and responsibilities. The practice had a process in place to regularly review staffing and succession planning.
- Practice specific policies were implemented and were available to all staff. However we saw that not all policies had a version control or an author recorded. The practice provided assurance following the inspection that this had been addressed.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a strong culture of team working across all staff groups. Staff told us they were happy working in the practice.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. With the exception of management of medicines, safe recruitment of staff, checks of emergency equipment and safeguarding training for staff.

### Leadership and culture

On the day of inspection the GPs and management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the GPs, nurses and managers were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty and they 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 monthly clinical meetings, six weekly administration staff meetings and quarterly meetings for prescribing and palliative care. We saw the minutes of the various meetings which confirmed good communication across the staff groups.
- 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's and management team.

### 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 a proactive well established Patient Participation Group (PPG). They were active in supporting the practice to raise awareness about health related issues and keep the practice informed of local and neighbourhood developments. They gathered feedback from patients, commented on future developments and contributed to practice developments. Examples of these were undertaking a recent patient surveys regarding access to the practice via the telephone. The PPG had also helped raise awareness with patients about the changing roles of nurses and how choose the right person at the time and had helped to produce a leaflet explaining this. We saw that the PPG had been involved in the planned changes for the practice.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and the management team. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had identified their future challenges and concerns. These included; seven day opening, the new GP contract, patient demand due to a new housing developments in the area and telephone access.



## 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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.: Safe care and treatment</b></p> <p>How the regulation was not being met:</p> <p>The practice must ensure that all vaccines are stored, managed and disposed of properly so that immunisations are carried out safely and efficiently in line with Public Health England guidance.</p> <p>This was in breach of Regulation 12 (1) of the Health and Social Care Act (Regulated Activities) Regulations 2014.</p> |

| Regulated activity   | Regulation  |
|--|---|
| Diagnostic and screening procedures<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>Regulation 19 Schedule 3</b></p> <p>The practice must ensure that persons recruited to work at the practice have appropriate checks undertaken prior to commencing work at the practice in accordance with schedule 3 of the Health and Social Care Act 2008.</p> |