

# Dr Tehmton Sepai

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Tehmton Sepai on 14 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed in most cases.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvements are:

- Complete the daily checks as identified in the Legionella risk assessment, take any required action following these checks and continue to make efforts to ensure the landlord completes the required action to manage all risks as identified in the Legionella risk assessment.
- Complete regular fire drills in accordance with the practice's fire safety policy.
- Change the taps in the patient toilet to meet the required specification.

# Summary of findings

- Continue to try to re-establish the patient participation group and address the lower than average satisfaction scores in the national patient survey.
- Continue to work with the patient participation group to ensure members are informed and involved in how improvements could be made for the benefit of patients and the practice.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- Most risks to patients were assessed and well managed. However the practice had not implemented the checks and action required for the effective management of all of the risks identified in the Legionella risk assessment.
- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The practice was proactive in ensuring staff learning needs were met.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey results published on 7 January 2016 showed patients rated the practice higher than others for several aspects of care. For example, 90% of respondents said the GP was good or very good at involving them in decisions about their care compared to the CCG and national average of 82%.
- The practice offered flexible appointment times based on individual needs.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers with 102 carers identified which was 2.5% of the practice list. There was a nominated Carers' champion who promoted annual health checks and information about local support groups and services.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.
- The practice liaised with the local CCG and established a practice based service to manage patients with complex leg ulcers. The district nursing team held a weekly session at the practice to manage patients with complex leg ulcers.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The practice had submitted a business plan to NHS England for the development of a new purpose built premises, this plan had been approved in principle.

Good



# Summary of findings

- The practice 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 identifying notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local CCG.

# 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for avoiding unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Clinical staff worked with the integrated community matron team to manage the care of older people.
- Regular visits to two local nursing homes were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke to the home managers who told us that the practice was very responsive and provided an excellent service.
- The practice was pro-active in providing flu vaccinations for older people and at risk groups and offered health checks for patients aged over 75.

### People with long term conditions

Good



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

- Performance for diabetes related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available, compared to the local average of 81% and national average of 89%.
- The practice held an anticoagulation clinic and offered patients the required checks at the practice on a regular basis.
- 83% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was better than the local average of 76% and national average of 75%.
- Longer appointments and home visits were available when needed.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and

# Summary of findings

medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82% which was comparable with the local average of 83% and national average of 82%.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a weekly basis.
- We saw positive examples of joint working with midwives, health visitors and local schools.

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

Good



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 provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- Data showed 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to a local and national rate of 72%.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.



# Summary of findings

## People whose circumstances may make them vulnerable

Good



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.
- It offered longer appointments and annual health checks for people with a learning disability. The practice had completed 34 health checks out of 36 patients on the learning disability register between 2015/2016.
- The practice had a system in place to identify patients with a known disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

Good



The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was above the local average of 85% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- The practice had access to a NHS counsellor who held weekly appointments at the practice.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.
- Performance for mental health related indicators was better than the CCG and national average. The practice had achieved 100% of the total number of points available compared to 96% locally and 93% nationally. Exception reporting was below the local and national average.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

We looked at the National GP Patient Survey results published on 7 January 2016. The results showed the practice was performing above national averages. There were 273 survey forms distributed and 125 were returned. This represented a 46% response rate and approximately 3% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the local average of 78% and national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 80% and national average of 76%.
- 88% of patients described the overall experience of this GP practice as good compared to the local average of 88% and national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards. All 23 comment cards were positive about the standard of care received. Patients said staff acted in a professional and courteous manner and described the services provided by all staff as very caring and patient centred.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and described staff members as approachable, committed and caring.

The practice had received 18 responses to the NHS Friends and Family Test (FFT) since January 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. All 18 patients who responded said they were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

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

- Complete the daily checks as identified in the legionella risk assessment, take any required action following these checks and continue to make efforts to ensure the landlord completes the required action to manage all risks as identified in the Legionella risk assessment.
- Complete regular fire drills in accordance with the practice's fire safety policy.
- Change the taps in the patient toilet to meet the required specification.
- Continue to try to re-establish the patient participation group and address the lower than average satisfaction scores in the national patient survey.
- Continue to work with the patient participation group to ensure members are informed and involved in how improvements could be made for the benefit of patients and the practice.

# Dr Tehmton Sepai

## Detailed findings

### Our inspection team

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

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

## Background to Dr Tehmton Sepai

Dr Tehmton Sepai provides primary medical services to approximately 4,083 patients in Markyate village and the surrounding areas. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). Dr Tehmton Sepai is a semi-rural dispensing practice and dispenses to approximately 1,420 patients. The practice is located on the border of Hertfordshire and Bedfordshire.

The practice serves a lower than average population of those aged between 15 to 34 years, and a higher than average population of those aged between 40 and 69 years. The population is 96% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of three GPs which includes one salaried GP and one regular locum GP who has been providing six sessions a week at the practice since August 2014. Two GPs are male and one GP is female. There is one registered nurse who works as a locum at the practice 14 hours a week. There is one Health Care Assistant and two dispensers. The non-clinical team consists of a practice manager, an assistant practice manager, a practice secretary and four members of the receptionist team.

The practice is open to patients between 8am and 1pm and from 2pm to 6.30pm Mondays to Fridays. Appointments with a GP are available from 9am to 12pm and from 4pm to 6.30pm Mondays to Fridays. Emergency appointments are available daily and a telephone consultation service is also available for those who need urgent advice.

Home visits are available to those patients who are unable to attend the surgery and the out of hours service is provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and telephone line.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 inspecting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We contacted NHS Herts Valleys

## Detailed findings

Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 14 June 2016. During our inspection we:

- Spoke with two GPs, the practice manager, the Health Care Assistant, a dispenser, the practice secretary and two members of the reception team.
- Spoke with six patients and observed how staff interacted with patients.
- Reviewed 23 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from the three members of the Patient Participation Group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- All of the staff we spoke with understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. We were told that the event would be discussed with the clinical staff as soon as possible and acted on and also discussed during clinical meetings, which took place every four to six weeks. Information and learning would be circulated to staff.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. Lessons learnt were shared to ensure action was taken to improve safety in the practice. For example, the practice received a safety alert about a risk of contamination to a particular medicine. The practice took the appropriate action and carried out a stock check and returned the medicine to the supplier.

When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice created a new template for all prescriptions issued with medicines that contain penicillin to include a warning message on the prescription. This measure was put in place as a failsafe for patients after a local pharmacy contacted the practice after a patient was prescribed an antibiotic which contained penicillin despite having a known allergy to that medicine.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were

accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their roles. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level three) and adults.

- The practice displayed notices in the waiting and treatment rooms which 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 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 practice manager was the infection control clinical lead who accessed regular training and updates to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken annually and we saw evidence that action was taken to address any improvements identified as a result.
- All single use clinical instruments were stored appropriately and were within their expiry dates. Where appropriate equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and was collected from the practice by an external contractor on a fortnightly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.

## Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
  - The practice dispensed medicine to approximately 1,420 patients and a named GP was responsible for providing effective leadership for the dispensary. Standard Operating Procedures were in place for dispensary staff to follow, and the practice had a clear system of monitoring this.
  - The practice completed a dispensary audit annually as part of the Dispensing Service Quality Scheme and was able to describe changes to practice as a result of these audits to improve the accuracy of the dispensing process.
  - There were suitable arrangements in place for the storage, recording and destruction of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse). For example controlled drugs were stored in a suitable controlled drugs cupboard, access to them was restricted and keys held securely. The correct legal records were made when stock was received or dispensed to patients and stock levels of all controlled drugs were checked and countersigned at each occasion of dispensing. Expiry dates were also recorded.
  - Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation. The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
  - We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- Monitoring risks to patients**
- There were procedures in place for monitoring and managing risks to patient and staff safety in most areas. However, during our inspection we found examples where risks to patients were identified but had not been managed appropriately.
- The practice had a Legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). This assessment had been completed in August 2015 and had identified several areas of risk and work required which had not been dealt with. For example, water pipes and the water storage tanks had not been insulated, the water tank had not been cleaned and water temperature checks had not been completed. The practice told us that the property was owned by the local authority and that they had attempted to get the local authority to complete this work but an agreement had not been reached. The practice told us that they were now going to complete water temperature checks and were also seeking further advice as they believed the work required, as identified in the Legionella risk assessment, was the responsibility of the landlord.
  - The practice had up to date fire risk assessments and fire alarms were tested weekly. However, the practice had no record of completing a fire drill at the practice. Following our inspection, we were given evidence to confirm that a fire drill had been completed and an action plan had been implemented to ensure fire drills would be scheduled to take place, in accordance with national guidelines and the practice's fire safety policy.
  - The taps in the sink basin located in the patient toilets had no provision for the safe adjustment of the hand washing water temperature as these taps were not of the mixer type.
  - There was a health and safety policy available along with a poster in the staff reception area which included the names of the health and safety lead at the practice. A health and safety assessment had been completed. All electrical equipment was checked in June 2015 to ensure the equipment was safe to use and clinical equipment was checked in November 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), building maintenance and infection control.
  - Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place which was planned six weeks in advance. The practice had a system in place for the management of planned staff holidays and staff members would be flexible and cover additional duties

## Are services safe?

as and when required. The practice had a locum GP information pack in place and would complete the necessary recruitment checks on those individuals when necessary.

### **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 which alerted staff to any emergency. There was also a panic button in the reception area.
- All staff received annual basic life support training.
- The practice had oxygen available with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the emergency 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. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.



# 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 people's needs.
- The practice monitored that these guidelines were followed through risk assessments and random sample checks of patient records.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed information packs in relation to referral rates for their practice population. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 showed the practice achieved 99.5% of the total number of points available, with 11% exception reporting which was comparable with the local and national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). Data from 2014/2015 showed;

- The practice was an outlier for one of the prescribing indicators. We asked the practice to check their 2015/2016 prescribing rates for Non-Steroidal Anti-Inflammatory drugs (NSAIDs) items prescribed and found the current prescribing rates to be in line with local and national averages.

- Performance for diabetes related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available, compared to the local average of 81% and national average of 89%. Overall exception reporting for diabetes related indicators was 16% which was above the local and national average of 11%. We checked the exception reporting processes for diabetes indicators and saw that the practice would attempt to contact the patient on several occasions before exception reporting them. The practice had an effective recall system in place and a systematic approach towards recording exceptions.
- The percentage of patients aged 45 years or over who have a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 92% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was above the CCG and national average. The practice had achieved 100% of the total number of points available (with 0% exception reporting), compared to 96% locally (9% exception reporting) and 93% nationally (11% exception reporting).

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits undertaken in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- Findings from audits were used by the practice to improve services. For example, the practice completed an audit to assess the appropriateness and frequency of prescribing of an anti-depressant medicine. The practice completed this audit to review their prescribing adherence to local and national guidelines. This audit identified areas of good practice and all patients were regularly reviewed.
- The practice also completed an audit on antibiotic prescribing to review prescribing adherence to local and national guidelines. The practice identified areas of good practice and learning points which included better access to local antibiotic guidelines for prescribers and further information for locum GPs.

### Effective staffing

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

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, confidentiality, information governance, basic life support, infection control, health and safety and fire safety.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and attendance to update training sessions.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of personal development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff had received training that included: safeguarding, infection control, chaperoning, basic life support, information governance, conflict resolution, mental capacity awareness, customer care and confidentiality. Staff had access to and made use of e-learning during protected learning times. All staff would be invited to attend update training sessions held at the practice by local consultants.

### 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. Information such as NHS patient information leaflets was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to

secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).

- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis for vulnerable patients and for patients requiring palliative care.

### Consent to care and treatment

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

- The practice had a consent policy in place and staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- These included patients considered to be in the last 12 months of their lives, carers, travellers, those at risk of developing a long-term condition and those requiring advice on their diet, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant services.

# Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was provided by the Healthcare Assistant.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had completed 34 health checks out of 36 patients on the learning disability register between 2015/2016.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by sending letters to patients who had not responded to the initial invitation.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 53% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months compared to 58% locally and 58% nationally.
- Data showed 73% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years compared to 72% locally and 72% nationally.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 88% to 95%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. Health checks were also offered to patients aged 75 and over and new patients were offered a health check upon registering.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

We received 23 CQC patient comment cards. Patients said they felt the practice offered a good service and said staff were helpful, caring and treated them with dignity and respect.

We received feedback from three members of the Patient Participation Group (PPG). Two people told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. However, one person also commented on how they felt the PPG was not being supported by the practice and one person told us that their overall experience of the practice was poor.

On the day of our inspection, we spoke with six patients who all told us that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately 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 comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 88%, national average 87%).

- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 89% said they found the receptionists at the practice helpful (CCG average 89%, national average 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.

Results from the National GP Patient Survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

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

- Staff told us that translation services, including a text and speech telephone service, was available for patients who were hard of hearing or did not have English as a first language.

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

- Notices in the patient waiting rooms told patients how to access a number of support groups and organisations.

## Are services caring?

- The practice manager would regularly submit articles for inclusion in a local community magazine. Information included in these articles covered topics such as carer awareness, NHS health checks and support for vulnerable people.
- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 102 carers identified which was 2.5% of the practice list. The practice had completed a survey on carers to assess their needs and experiences of services provided by the practice. The practice manager was the practice's carers lead (a Carers' champion) who promoted the availability of annual health checks, flu vaccinations and information about local support groups and services.
- Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a daily in house phlebotomy service to take blood samples from patients for required testing.

- The practice liaised with the local CCG and established a practice based service to manage patients with complex leg ulcers. The district nursing team held a weekly session at the practice to manage patients with complex leg ulcers.
- The practice held an anticoagulation clinic and offered patients the required checks at the practice on a regular basis.
- The practice provided a dispensary service for patients who were residents in rural areas within the practice catchment area. The practice dispensed medication to approximately 1,420 patients.
- There were longer appointments available for patients with a learning disability. Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Clinical staff worked with the integrated community matron team to manage the care of older people.

- Regular visits to two local nursing homes were carried out by a named GP for continuity of care and emergency visits were also provided when needed. We spoke to the home managers who told us that the practice was very responsive and provided an excellent service.
- 83% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was better than the local average of 76% and national average of 75%.
- The practice offered a range of family planning services. Baby vaccination clinics and ante-natal clinics were held at the practice on a weekly basis.
- The practice had a system in place to identify patients with a known disability.
- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was above the local average of 85% and national average of 84%.
- The practice had access to a NHS counsellor who held weekly appointments at the practice.
- The practice referred patients to the Improving Access to Psychological Therapies service (IAPT) and encouraged patients to self-refer.

### Access to the service

The practice was open to patients between 8am and 1pm and from 2pm to 6.30pm Mondays to Fridays. Appointments with a GP were available from 9am to 12pm and from 4pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available on the same day for people that needed them.

Results from the National GP Patient Survey published in January 2016 showed that patients' satisfaction with how they could access care and treatment were mixed when compared to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and national average of 78%. The practice told us GPs used to extend their sessions on a regular basis but were not able to continue working these additional hours. The practice told us that they were planning on offering longer opening hours once they had moved to new premises.

# Are services responsive to people's needs?

(for example, to feedback?)

- 88% of patients said they could get through easily to the surgery by phone compared to the CCG average 78% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

## **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.
- The practice manager was the designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in the patients' waiting areas.

We looked at 10 complaints received in the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients where necessary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, reception staff were advised to thoroughly investigate the reasons why a patient did not attend their appointment before sending a formal warning letter to non-attenders.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff understood the values of the practice. The mission statement was detailed in the practice leaflet and on practice letters.
- The practice had a strategy and business plan and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions, however the practice was not completing regular checks as identified in the Legionella risk assessment.

### Leadership and culture

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

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

support and 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 support 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.

- There was a clear leadership structure in place and staff felt supported by management. Some staff told us that they had a particularly good relationship with the assistant manager who provided assistance and support to staff.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GPs in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the Friends and Family Test, a comments box, the Patient Participation Group (PPG) and through surveys and complaints received. The practice told us that they had reinstated a phlebotomy service at the practice as a direct result of patient feedback.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they had provided feedback to the practice management about patients



# Are services well-led?

Good 

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

becoming frustrated due to long appointment waiting times. The practice had responded to this by establishing a system of texting and calling patients to advise them of any delays. On the day of our inspection patients told us that this approach was beneficial and helpful to them. Staff told us they felt involved and engaged to improve how the practice was run.

Senior staff regularly attended local clinical governance meetings and meetings with peers. The practice told us that they liaised closely with local practices and were interested in supporting the establishment of a local GP Federation. The practice had submitted a business plan to NHS England for the development of a new purpose built premises, this plan had been approved in principle.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. One of the GPs was trained in child and adolescent psychiatry and the practice offered Homeopathy services to its practice population, through the NHS.