

# The Hackwood Partnership

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Requires improvement



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of the Hackwood Partnership on 15 September 2016. Overall the practice is rated as Requires Improvement.

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.

Our key findings were as follows:

- There was a culture that encouraged the reporting of significant events.
- Staff had the relevant skills, knowledge and experience to deliver effective care and treatment. Risks to patients were assessed and managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Patients said they were treated with compassion, dignity and respect.

- 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.
- Information about services and how to complain was available and easy to understand.
- Patients could access appointments and services in a way and at a time that suited them.
- The practice had good facilities and was well equipped to treat patients and met their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice 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 must make improvements are:

- Ensure actions are recorded, completed and reviewed following infection control audits.

# Summary of findings

- Ensure the quality and safety of the services provided are assessed, monitored and improved For example reviewing and analysing significant events and complaints to identify common trends, maximise learning and ensure actions identified are completed.
- Ensure all locum staff receive safeguarding training and recruitment processes for locum staff are consistently documented.

In addition the provider should:

- Improve the identification of carers in order that they may be signposted to support services and supported as appropriate.

- Review the arrangements available for patients who are deaf or hard of hearing.
- Consider reinstating the call monitoring system so that the practice can monitor and analyse access to the appointment system.
- Review arrangements for keeping the premises clean and ensure completion of legionella remedial work.

**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 a culture that encouraged reporting of significant events but the process of recording the event was inconsistent.
- Although we saw clear learning points from significant events had been documented, these were not reviewed and the practice had not carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors.
- Although the practice had systems and processes in place to keep patients safeguarded from abuse, there was lack of evidence to confirm that all locum staff had a record of the safeguarding training undertaken.
- Risks to patients were assessed and managed. However there was lack of immunisation status records for staff and incomplete locum recruitment documentation in place.
- Infection control audits had not been consistently reviewed and acted upon.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- With one exception all staff had a completed record of the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff with one exception.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



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

# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and the clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, extended hours were offered three evenings a week.
- The practice offered a range of services to reflect the needs of the population.
- Patients could access appointments and services in a way and at a time that suited them. Urgent appointments were available on the same day and a triage system was used to prioritise appointments and home visits.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Patients told us they felt involved in decision making about the care and treatment they received.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

**Good**



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- There were governance arrangements in place but there were areas that required action such as ensuring there is evidence of locum staff training in child safe guarding and documentation of recruitment processes, effective monitoring of infection control audits and monitoring, analysing and acting on the learning from significant events and complaints.
- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients.
- There was clear leadership provided by the partners and staff felt supported by the management team. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

**Requires improvement**



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice offered personalised care to meet the needs of the older patients in its population and offered home visits and urgent appointments for those with enhanced needs.
- Phlebotomy services were available within the practice for those patients who were unable to attend the local hospital.
- The practice worked closely with the integrated care team and the joint emergency team to avoid hospital admission and encourage and facilitate safe discharge from hospital.
- There were monthly multidisciplinary meetings to review high risk and vulnerable patients.

The practice provided support to three local nursing homes and had set up a designated telephone line for staff to contact the practice.

**Requires improvement**



### People with long term conditions

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Management plans were provided for patients, for example, for patients with diabetes to encourage better self-care.
- The percentage of patients with diabetes, on the register, in whom the last HbA1c result was acceptable in the preceding 12 months (01/04/2014 to 31/03/2015) was 89%, which is higher

**Requires improvement**



# Summary of findings

than the clinical commissioning group and the national average of 78% (In people who have been diagnosed with diabetes, the HbA1c test is often used to show how well their diabetes is being controlled).

- Patients had a named GP and a structured annual review to check their health, wellbeing and medicines needs were being met.

## Families, children and young people

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice was the local referral centre for contraceptive services and the women's health nurse and GPs offered this service for patients who were not registered at the practice.
- There were monthly integrated care team meetings to discuss safeguarding concerns.
- The practice ensured patients from the same family were registered with the same GP to promote continuity of care.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group average of 81% and the national average of 82%.

**Requires improvement**



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

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

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

**Requires improvement**





# Summary of findings

- The practice provided an annual menopause evening for women to attend.
- Telephone consultation appointments were available for both new and follow up problems.

## People whose circumstances may make them vulnerable

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice had a lead GP for patients with a learning disability and offered an annual review for this patient group.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, particularly those with substance misuse issues.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**Requires improvement**



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

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

The provider was rated as requires improvement for safety and well led and good for effective caring and responsive. The issues identified as requiring improvement overall affected all patients including this population group. There were however examples of good practice.

- The practice was accredited as 'dementia friendly' in February 2016.
- The practice carried out advance care planning for patients with dementia.

**Requires improvement**



## Summary of findings

- A total of 88% of 143 patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 86% and the clinical commissioning group (CCG) average of 85%.
- The practice promoted local dementia support services to families and carers.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record in the preceding 12 months was 94% which was comparable to CCG average of 94% and the national average of 88%.
- The practice offered an annual physical health review to patients with long term mental health conditions.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or better than the national averages. 244 survey forms were distributed and 101 were returned, which is a response rate of 41%. This represented less than 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the 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 national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 96% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 44 comment cards which were positive about the standard of care received. However some patients commented that they had difficulty getting an appointment and had long waits to see a named GP. 12 of the 44 comment cards we received said it was difficult to get an appointment whilst 13 stated they were satisfied with the appointment system. The rest did not make reference to the appointment system. Of the five patients we spoke to on the day of the inspection four told us appointments always ran late but it was never more than 30 minutes and they felt enough time was given during the consultation. Information was not given to patients about the amount of time they had to wait to be seen.

We spoke with five patients during the inspection. All said they were satisfied with the care they received and thought most of the staff were approachable, respectful and caring. They told us that the doctors and nurses listened to them and explained everything in detail. Friends and families information, published on the NHS website, stated that based on their last appointment, 91% of people would recommend the practice.

# The Hackwood Partnership

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor, a practice manager specialist advisor and an expert by experience.

## Background to The Hackwood Partnership

The Hackwood Partnership is registered as a partnership provider operating from Basingstoke, Hampshire. The practice provides services under an NHS General Medical Services contract and is part of the NHS North Hampshire Clinical Commissioning Group (CCG).

The practice is located at Essex House, Essex Road, Basingstoke RG21 7SU and has a list size of 13466. The practice is based in an area of low deprivation compared to the national average for England. Income deprivation affecting children was 13% compared to the national average of 20%. The male life expectancy for the area is 80 years compared with the CCG average of 81 years and the national average of 79 years. The female life expectancy for the area is 83 years the same as CCG and national averages. A total of 56% of patients at the practice have a long-standing health condition, which is similar to the CCG and national average of 54%. Approximately 7% of the practice population describe themselves as being from an ethnic minority group; the majority of the population are White British. The practice told us there was a high proportion of Nepalese and Polish patients registered at the practice.

There are six GP partners, all female, and five salaried GPs two male and three female. Together the GPs provide care

equivalent to approximately 6.9 whole time equivalent GPs over 55 sessions per week. The all- female nursing team comprises of four nurses and one healthcare assistant. There is a team of reception and administrative staff. The practice has not had a practice manager since April 2016. An interim, part time, practice manager has been covering this role since June 2016 and has been supported by the full time deputy practice manager. A new practice manager has been appointed and will be in post in October 2016. The practice is a recognised GP training practice and supports two GP trainees.

The practice is open from 8:15am to 6:30pm Monday to Friday. It is closed Thursday lunchtime between 1pm and 2:30pm for staff training; however the phone lines remain open. Pre-bookable extended hours appointments are available on Monday, Tuesday and Thursday evenings until 7:30pm. It is closed at the weekend.

Patients are encouraged to use the NHS 111 service before 8am and after 6.30pm.

The building is spread across three floors, two of which are clinical. The middle floor is mainly administrative but is also shared with the community physiotherapy team and a podiatrist. There is level access to the building but the entrance door is not automatic and opens outwards. The practice has installed a bell so that people requiring assistance can call for help. There is car parking available at the back of the practice. There is a lift to access all floors with a reception and waiting area available on the ground and top floor. There is a disabled toilet located on the ground floor.

This practice does not have a branch surgery and has not previously been inspected by the Care Quality Commission.

# Detailed findings

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

## 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 15 September 2016. During our visit we:

- Spoke with a range of staff (GPs, interim practice manager, deputy practice manager, administrative and reception staff and nursing staff) and spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed information from CQC intelligent monitoring systems.
- Reviewed patient survey information.
- Reviewed various documentation including the practice's policies and procedures.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record and learning

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

- There was a culture of incident reporting and the practice encouraged staff to report all incidents as significant events. We observed 32 significant events logged between April 2015 and March 2016.
- Staff demonstrated an awareness of the reporting process and we reviewed the significant event log which identified the outcome, the learning point and the action taken. Although we found evidence that significant events were discussed at meetings, lessons learned were not always shared amongst all staff. There was no evidence of annual analysis of the events that had occurred and no learning from possible trends identified.
- We noted that changes in practice had occurred as a consequence of learning from incidents and the outcomes were reported to the National Reporting and Learning System (NRLS). For example, the practice had incorrectly given an injection to a patient taking a particular medicine, which was contrary to best practice. The patient and specialist doctors were informed and the consent form was amended to ensure documentation of relevant medicine was captured. Although we saw clear learning points from significant events had been documented, there was no evidence the practice had carried out an annual analysis of incidents to identify any common trends, maximise learning and help mitigate further errors.

We saw the practice had a system to act upon medicines and equipment alerts issued by external agencies, for example from the Medicines and Healthcare products Regulatory Agency (MHRA). Information was received by the practice manager and distributed to all clinicians. We saw that the practice had undertaken an audit of the use of Sodium Valproate in pregnancy in response to one of these alerts.

### Reliable safety systems and processes including safeguarding

Although the practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, there was lack of evidence to confirm that all locum staff had a record of child safeguarding training.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding adults and one for children.
- All GPs were trained to child safeguarding level three and had received adult safeguarding training. However there was lack of evidence to confirm that all locum GPs had completed child safeguarding training to level three. We saw evidence that two registered nurses were trained to level three and three were trained to level two. This was in line with the practice's policy. The health care assistant and all other staff were trained to level 1. The practice's children's safeguarding policy, dated July 2016 stated that all directly employed nurses must be trained to level two working towards level three and all other staff, including the healthcare assistant, should be trained to level one.
- The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to follow. Staff were made aware of both children and vulnerable adults with safeguarding concerns by computerised alerts on their records.
- The practice had introduced a system where all family members of a child on the protection register were allocated to the same named GP to ensure continuity of care for the family.
- A notice in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring (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).

### Cleanliness and infection control

# Are services safe?

The practice did not have appropriate standards of cleanliness and hygiene in place and improvements were required.

- We observed the premises to be dusty in places and carpets in some areas were worn and stained. The practice had a cleaning contract with an external provider. They identified that the level of cleaning was not sufficient and changed providers. Despite regular meetings with the new provider to address the standard of cleaning required it remained an issue for the practice.
- The lead practice nurse was the infection control clinical lead who liaised with local infection prevention teams to keep up to date. There was an infection control protocol in place and most staff had received up to date training. The practice followed the annual infection control audit plan provided by the clinical commissioning group (CCG). Audits had been undertaken in March and June 2016 and there was an action plan in place for March but the June plan was missing. Previous action plans had not been monitored or updated.
- All clinical rooms were well equipped and staff had access to personal protective equipment such as disposable gloves and aprons. A sharps injury policy was in place and staff were aware of actions to take. Clinical waste was well managed.
- Staff and patients were protected from the risk of health care acquired infections

## Medicines management

There were arrangements in place for managing medicines, including emergency medicines, vaccines and patients prescribed high risk medicines.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines by the named GP.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely.

## Staffing and recruitment

The practice had a comprehensive recruitment policy in place but not all appropriate checks were consistently carried out when using locum staff. We reviewed five staff files and four locum staff files. Proof of identification, evidence of qualifications, and checks through the Disclosure and Barring Service had not been undertaken or were not included in the files of all locum staff.

## Monitoring safety and responding to risk

Risks to patients were assessed and managed. There were procedures in place for monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice was aware that not all risk assessments had not been conducted regularly and undertook a fire risk assessment in August 2016. The practice was in the process of implementing the actions recommended. An unplanned fire drill had taken place at the end of August 2016 where designated fire marshals ensured the safe evacuation of the premises.
- The practice had commissioned a legionella risk assessment in May 2016. (Legionella is a bacterium which can contaminate water systems in buildings). The practice was undertaking remedial work the week after the inspection.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff told us there were enough staff to maintain the smooth running of the practice and there were always enough staff on duty to keep patients safe.

## Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents.

## Are services safe?

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff had received annual basic life support training and there were emergency medicines available on both clinical floors.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE as a link on their desktop and used this information to deliver care and treatment that met patients' needs.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.6% of the total number of points available. This is comparable to the CCG average of 96% and the national average of 95%.

Clinical exception reporting was 15%, which was higher than the CCG and national averages of 9%. Clinical exception rates allow practices not to be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients had received the treatment or medicine.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 1 April 2014 to 31 March 2015 showed:

- Performance for diabetes related indicators were similar to national averages. For example, the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was acceptable was 86% which was similar to CCG and the national average of 81%. Clinical exception reporting was 17% compared to the CCG average of 13% and the national average of 12%.
- Performance for mental health related indicators were also similar to national averages. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol

consumption had been recorded in the preceding 12 months was 93%, which is similar to the CCG and the national average of 90%. Clinical exception reporting was 9% compared to the CCG average of 15% and the national average of 10%.

- 100% of patients with atrial fibrillation (irregular heart rhythm) were prescribed an appropriate medicine to decrease the risk of blood clots. This was comparable to the CCG and national averages of 98%. Clinical exception reporting was 2% compared to the CCG and national average of 6%.
- The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 93% which was similar to the CCG average of 92% and the national average of 94%.

The practice had a system in place for completing clinical audits. We saw evidence of 18 completed audits in the last two years including six complete cycles. Audit topics included the correct identification of medical conditions, effective prescribing and benchmarking performance with national guidelines. Findings from audits were used to improve practice. For example, following an audit of referrals it was identified that not all relevant information was consistently captured by all clinicians. The practice developed a new template within the clinical system to prompt clinicians to capture the appropriate information. A re-audit was planned in the three months after the inspection. In response to NICE clinical guidelines and Public Health England guidelines, the practice had completed an audit cycle in prescribing antibiotics for sore throats. This demonstrated that doctors were now better at recording signs and symptoms in line with the guidance and commenced antibiotic therapy appropriately.

### Effective staffing

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

The practice had a trained and motivated clinical, nursing and administrative team.

- Nursing staff were actively involved in the management of patients with long-term conditions and received appropriate training.

# Are services effective?

## (for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered topics such as infection prevention and control, health and safety, significant event procedures and confidentiality. Staff were allocated a buddy for a probationary period.
- The learning needs of staff were identified through appraisals. One member of non-clinical staff had not received an annual appraisal in the last year but told us they felt supported by the practice team. This was due to the absence of a full time practice manager. All other permanent staff we spoke with told us they felt supported and had received an appraisal within the last 12 months.
- Staff received training that included: fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. There was no protected time for non-direct patient duties such as infection control and this had to be negotiated on an individual basis. Not all locum staff working at the practice had a record of children's safeguarding training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record and intranet system.

- There was good multidisciplinary working and the practice hosted monthly multidisciplinary meetings to review high risk and vulnerable patients. This included liaison with the district nursing team for housebound patients and the joint emergency team for short term support which ensured patients were supported on discharge from hospital and prevented from unplanned hospital admission. We saw evidence of a discharge follow up process where the administration team, upon receipt of notification of discharge, contact the at risk patients to see if any action is required by the GP.
- There was a process for clinical staff to review blood test results and communications from hospitals and other care providers via the electronic system. The practice was up to date with the management of reviewing communications about patients.
- The practice shared relevant information with other services in a timely way, for example when referring

patients to other services. When patients required referrals for urgent tests or consultations at hospitals, the practice monitored the referral to ensure the patient was offered a timely appointment.

- We saw evidence of monthly integrated care team meetings including health visitors where safeguarding concerns were raised and discussed. End of life patients and those with enduring mental health were also discussed at these meetings.
- Staff we spoke with told us they had a good working relationship with the local hospital and were able to contact clinical specialists to discuss complex patients.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Staff were aware of the importance of involving patients and those close to them in important decisions about when and when not to receive treatment.

### Health promotion and prevention

The practice provided a range of services to improve health outcomes for patients.

- The practice offered NHS Health Checks for patients aged 40 to 74 years of age to detect for emerging health issues such as diabetes and hypertension. All new patients were given a health check.
- Patients with long-term conditions were reviewed at appropriate intervals to ensure their condition was stable. The practice had introduced a system of contacting patients in the month of their birth for a full review of all conditions so that appointments were coordinated.
- The practice offered a comprehensive range of travel vaccinations.
- Smoking cessation advice was provided by the practice nurses.

# Are services effective?

(for example, treatment is effective)

- Immunisations for seasonal flu and other conditions were provided to those in certain age groups and patients at increased risk due to medical conditions.
- Childhood immunisation rates were comparable to CCG averages and ranged from 86% to 98% (CCG ranged from 77% to 98%) for under two year olds; and from 92% to 99% (CCG ranged from 77% to 98%) for five year olds.

The practice's uptake for the cervical screening programme was 82%, which was similar to the CCG average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice told us they were the leading practice in the area for contraceptive care and women's health and received referrals from other practices for the insertion of intra uterine devices (coil).

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- 69% of eligible females aged 50-70 had attended screening to detect breast cancer. This was slightly lower than the CCG and national average of 72%.
- 59% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was lower than the CCG average of 62% and the same as the national average.

The practice provided annual health assessments for patients with a learning disability and a specific template had been developed to assist the assessment process.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 44 completed cards, of which all were positive about the caring and compassionate nature of staff. The main theme in this area was that staff were professional and caring.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the national GP patient survey published in January 2016. The survey invited 244 patients to submit their views on the practice, a total of 101 forms were returned. This gave a return rate of 41%. This represented less than 1% of the practice's patient list.

The practice was in line with or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 99% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 98% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 92% of patients said the last nurse they spoke to was good at listening to them compared to the CCG and national average of 91%.

- 95% of patients said the last nurse they spoke to gave them enough time compared to the CCG average of 93% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG and the national average of 87%.

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

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

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

- 92% of patients said the last GP they spoke to was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and 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. Notices about the translation service were in English at the reception desk and on the website. The practice had identified there was a high proportion of Nepalese and Polish patients on the register and updated the website and the reception area to include information about translation services in Nepali and Polish.
- Information leaflets were available in easy read format, Nepali and Polish. Other languages were available on request.

## Are services caring?

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

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. On the day of the inspection we were told of a number of positive experiences about the support and compassion received. For example one patient told us how they had been helped to return to work following an injury.

There were notice boards on each floor that displayed a range of information leaflets. Patients had access to

information about support groups and organisations including bereavement services and accessing mental health services. Information was also displayed on each of the television screens.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 127 patients as carers which represents 1% of the practice list. Annual reviews were offered to all carers.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had surveyed patients to find out when they would prefer extended hours. In response, extended hours were offered on a Monday Tuesday and Thursday evening from 6.30pm to 7.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- To improve patient confidentiality, the practice had a separate office where calls were directed and taken.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There was no hearing loop available. The practice told us they were aware of the only patient who was profoundly deaf. Reception staff and the GP knew the patient and ensured appropriate arrangements were in place when they attended the practice.
- The practice had a lift to improve access to the top floor.
- Ante and post-natal care was provided within the practice by a community midwife.
- Online services for booking appointments and ordering repeat prescriptions were available.
- On site services included phlebotomy, a women's health clinic and minor surgery.

### Access to the service

The practice's core opening hours were from 8:15am to 6:30pm. The practice would respond to urgent calls if a patient rang between 8am and 8.15am and were advised to dial 999 in an emergency.

Appointments were available as follows:-

Monday 8.30am to 11.20am and 2.30pm to 7pm

Tuesday 8.30am to 11.30am and 2.30pm to 7pm

Wednesday 8.30am to 12:30pm and 3pm to 5.40 pm

Thursday 8.30am to 11am and 2.30pm to 7pm

Friday 8.30am to 11:20 am and 2.30pm to 5.50 pm

The practice was closed on Thursday lunchtimes for learning and development and the doors to the practice were closed. There was no information about what to do in an emergency or how to access the practice when the doors were locked. The practice rectified this the day after our inspection and we observed photographic evidence that this was in place.

The practice used a triage nurse and the duty doctor to triage all calls and requests for same day appointments or house calls. This ensured patients were seen by the most appropriate person and the most unwell were seen quickly.

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

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 97% of patients said the last appointment they made was convenient compared to the CCG average of 91% and national average of 92%.
- 89% of patients described their experience of making an appointment as good compared to the CCG average of 75% and national average of 73%.
- 76% of patients said they were able to get an appointment with the GP or nurse the last time they tried compared to the CCG average of 78% and national average of 76%.
- 51% of patients felt they did not have to wait too long to be seen compared with the CCG average of 57% and national average of 58%.

Same day appointments could be made from 8:15am but patients we spoke to on the day of the inspection told us that it was difficult to get through and that if they rang after 10am they were unable to make an appointment at all. 12 of the 44 comment cards we received said it was difficult to get an appointment whilst 13 stated they were satisfied with the appointment system. The rest did not make



# Are services responsive to people's needs?

(for example, to feedback?)

reference to the appointment system. The practice had implemented a system to monitor calls answered and missed but this was not working and had not been available for some time.

Bookable routine appointments were available with all clinicians within two weeks. We noted it was longer for one GP but this was due to annual leave. Patients could book routine appointments six weeks ahead to see any Doctor.

The practice offered phone consultations for test results, follow up discussions and questions about medication. One patient we spoke to on the day of the inspection told us how useful this was as it meant they did not always have to attend the practice.

## **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system using posters on the board, their website and the practice newsletter.

We looked at 22 complaints received in the last 12 months and reviewed six complaints in detail. All had been acknowledged, investigated and responded to in an appropriate time frame. We saw evidence that complaints were escalated into significant events when clinicians or the manager felt this was required. Lessons were learned from individual concerns or complaints. For example in response to an anonymous complaint about non-sterile techniques, the infection control nurse provided an update to all practice nurses to ensure aseptic techniques were adhered to. However, there was no annual trend analysis of lessons learned.

# Are services well-led?

Requires improvement 

(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 and strategy to deliver good quality care and promote good outcomes for patients. They told us that they believed one of their strengths was the level of availability and continuity of care they provided to their patients particularly through the personal list system. Although the practice had a clear mission statement, there were no documented values but staff told us the practice was focussed on providing high quality, patient centred care. The practice had a business plan which supported the vision and strategy.

### Governance arrangements

The practice had a governance framework which intended to support the provision of good quality care and outcomes. However we found evidence where governance arrangements did not always operate effectively.

- Governance responsibility was shared between the partners where one partner was responsible for clinical governance and another for corporate governance. There was lack of effective monitoring of infection control including monitoring action plans from infection control audits.
- Recruitment processes were not consistently documented for locum staff.
- Significant events and complaints had not been reviewed and analysed to identify common trends to maximise learning and ensure actions identified were completed.
- There was a clear staffing structure and staff were aware of their roles and responsibilities.
- Practice specific policies were implemented and were available to all staff via the shared drive. Staff were aware of how to access them.
- There was a programme of continuous clinical and internal audit used to monitor quality and to make improvements.

### Leadership, openness and transparency

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure the delivery of

good quality care. They told us they were committed to provide safe, effective 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). The partners encouraged a culture of openness and honesty and the practice had systems in place to ensure that when things went wrong with care and treatment affected patients were given reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management. The practice demonstrated they worked together as a team and were supportive of each other.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues with any of the partners and felt confident and supported in doing so. Staff meetings were held for each of the staff groups and one of the partners always attended. For example the nurses met on a monthly basis; practice meetings, attended by the deputy practice manager, were fortnightly; and the receptionists had recently set up monthly meetings although these were relatively new and only three meetings had occurred since April 2016.
- The practice had introduced a monthly newsletter called Nuggets and Gems, to help keep staff up to date with relevant practice information. Staff told us this was a good way for all staff to hear about what was happening within the practice.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered. We observed good interactions between all staff groups and GPs shared the administration office and ensured staff participated in the daily coffee get together.

**Practice seeks and acts on feedback from its patients, the public and staff**



# Are services well-led?

Requires improvement 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, identified issues and reviewed complaints. We spoke to three members of the PPG and they told us they worked closely with the practice to improve the environment. For example a bell on the front door had been installed so that patients were able to seek help in accessing the premises and the television provided useful information in reception areas. Other suggestions had been made but these had not been followed through for example improving confidentiality when using the touch screen to log in.
- The practice had gathered feedback from staff through staff meetings, appraisals and generally through day to

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

## Management lead through learning and improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice team was forward thinking and encouraged and facilitated multidisciplinary working with allied health and social care professionals in the local area.

Lifelong learning was embedded into the practice. The practice was a training and teaching practice with four approved GP trainers to support medical students, GP registrars and foundation doctors in their education and training in general practice. The testimonials we reviewed from trainees were very positive about the supportive environment of the practice and the level of supervision received.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not fully assessed, monitored and improved the quality and safety of the services provided.</p> <ul style="list-style-type: none"><li>• Actions identified such as from infection control audits had not been monitored or updated.</li><li>• Significant events and complaints had not been analysed.</li><li>• Not all locum staff had received safeguarding training.</li><li>• Recruitment processes for locum staff had not been consistently documented.</li></ul> <p>Regulation 17</p>