

# Coldharbour Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Coldharbour Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12
Action we have told the provider to take	20

## Overall summary

### Letter from the Chief Inspector of General Practice

Coldharbour Surgery provides a GP service to just over 4,400 patients in the Eltham area of Greenwich. The provider operates at this location and has a branch surgery The Hill Surgery which is in Bromley and is for the same patient group. We visited both the practice and the branch surgery as part of this inspection.

We carried out an announced comprehensive inspection on 2 December 2014. Overall the practice is rated as good. Specifically, we found the practice to be good at providing well-led, effective, caring and responsive service. It was also good for providing services for all population groups. It required improvement for providing safe services.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report issues.

- Risks to patients were assessed and well managed except those relating to recruitment checks in one instance.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff received training appropriate to their roles and future training needs were identified and planned for.
- Patients said they were treated with respect and their privacy and dignity were maintained and they were involved in decisions about their care and treatment. However we found conversations could be overheard at receptions in both surgeries.
- Information about how to complain was accessible, although the process could be made clearer for patients.
- Patients provided us with positive comments about their experience of making an appointment.
- There was a clear leadership structure and staff felt supported by management. The practice sought and acted on feedback from patients and staff.

However, there were also areas of practice where the provider needs to make improvements.

# Summary of findings

Importantly, the provider must:

- Ensure all clinical staff have a Disclosure and Barring Service check before they start work.
- Ensure availability of medical oxygen in the branch surgery as well.

In addition the provider should:

- Ensure staff complete updated training in child protection as arranged.

- Staff should record the actions taken if the fridge temperature is recorded outside the required level.
- Improve privacy at reception.
- Ensure patient records are stored securely.
- Update the practice's complaints policy and improve the information given to patients so they are clear about the procedure.

**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 requires improvement for providing services that are safe as there are areas where it should make improvements.

Arrangements were in place to identify risks and systems were in place to record, report and review incidents and lessons were learnt and information was shared with all staff. Suitable arrangements were in place for safeguarding and child protection; staff completed training and were aware of their responsibilities. Arrangements for medicines were suitable with improvements required to the recording of actions taken when the fridge temperature was outside the required range. Staff recruitment was in line with requirements, although one member of clinical staff had not had a Disclosure and Barring Service check before they started work at the practice. Suitable arrangements were in place for dealing with emergencies, although medical oxygen was only available at the main practice and not at the branch surgery.

**Requires improvement**



### Are services effective?

The practice is rated good for providing effective services.

Clinical staff kept up to date with best practice guidance and this information was discussed at weekly clinical meetings. The practice followed the Clinical Commissioning Group protocols for prescribing. There was a suitable staff skill mix and staff had access to training and support to carry out their role. Staff had an annual appraisal. Suitable systems were in place to meet and share information with other health and social care services. All new patients received a health check and a range of information leaflets were available to help patients maintain a healthy lifestyle.

**Good**



### Are services caring?

The practice is rated good for providing caring services.

Patients said they were treated appropriately and their privacy and dignity was maintained. We saw staff spoke with patients in appropriate ways. Patients were involved in decisions about their care and treatment. Results from the 2014 GP survey showed 96% of respondents had confidence and trust in the last GP they saw and 89% said that the last GP they saw or spoke to was good at treating them with care and concern. We received 13 patient comment cards from patients who visited the practice during the two weeks before

**Good**



# Summary of findings

our inspection. These cards indicated patients were satisfied to very happy with the service they received at the practice. They said that staff were polite, helpful, kind, caring, understanding and supportive.

## Are services responsive to people's needs?

The practice is rated good for providing responsive services.

The population health needs were known and the services were developed to meet them. The buildings were accessible to patients with mobility problems. Staff had access to interpreters when required. The practice is open five days a week from 8am – 6.30pm and offered extended hours from 6.30pm – 8.00pm three evenings a week and from 9.00-12.30 on Saturdays for sexual health screening and treatment and contraception. The practice provided a range of bookable and emergency on the day appointments. Suitable arrangements were in place for dealing with repeat prescriptions. The practice manager was responsible for dealing with complaints. Patients were made aware of the complaints procedure, although this required updating. Records showed complaints were responded to and learning points were shared with all staff. There was a small Patient Participation Group which had been involved in seeking patient's views on the services provided.

Good



## Are services well-led?

The service is rated good for providing a well led service.

The practice had a clear vision and strategy for the future which included expanding services and developing existing ones. Management structures were in place that ensured staff were supported. Staff told us they felt confident to go to their managers for guidance and support.

There was a Patient Participation Group (PPG) which met regularly and were consulted regularly on issues affecting the practice. The group was involved in developing areas of the practice, for example, reviewing the annual practice patient survey and NHS Choices reviews.

Governance arrangements were in place which included policies and procedures to ensure the smooth running of the practice. Policies were updated periodically to ensure they were still appropriate.

Good



# 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 good for the care of older people.

Good



All patients over 75 had a named GP. The practice provided a service to three care homes. They GPs attended the homes twice each week and saw patients on the list provided by staff at the homes. The GP took their laptop to these visits. This meant they had access to individual patient records, were able to provide printed patient updates for the home and prescriptions when required. They had a system for new patients to the home including registering patients temporarily when they were only at the home for six weeks for intermediate care (specialist provision providing assessment and support for patients leaving hospital before they return home). The practice had a safeguarding lead who was available for information and support for staff and would make the necessary referrals to relevant safeguarding teams. The practice provided a range of book in advance and on the day emergency appointments, telephone consultations and home visits to support patients who were unable to attend the practice and carers. Sixty three per cent of those over 65 had received their flu vaccine. Staff at the practice were providing specific flu clinics and eligible patients were invited and sent reminders to increase the number of patients protected from flu.

### People with long term conditions

The practice is rated good for the care of patients with long term conditions.

Good



Care plans were developed with patients with long term conditions which were reviewed annually. Information about support groups and local services was available to patients in the waiting room and clinical staff said they would give patients relevant information. The practice provided a range of appointments including book in advance and on the day emergency appointments and longer appointments were provided to enable reviews of medicines and care plans for patients with long term conditions. One GP had a special interest in diabetes and another in cardiology. The nurse and healthcare assistant saw patients with diabetes for regular health checks. Ninety one per cent of patients with diabetes had their blood pressure checked in the last eight months and forty two per cent had the flu vaccine at the time of our inspection; staff were still providing flu clinics for eligible patients.

# Summary of findings

## Families, children and young people

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

There was a safeguarding lead, suitable policies and procedures were in place and staff had completed training in child protection. Staff were aware of their responsibilities to report concerns. The electronic patient records had a 'flag' to identify those at risk.

The practice had a system to remind patients when childhood immunisations were due. Patients confirmed they were invited and reminded to bring their children to the practice for their immunisations. Ninety eight per cent of children had the first course of three immunisations in their first year. Ninety eight per cent of children aged two years had received their required immunisations. Sixty two per cent had the pre-school booster. The practice provided emergency on the day appointments in the morning and afternoon which meant children sent home from school unwell could access the GP if required. The practice staff had regular meetings with midwives and health visitors. Patients said the nurse and doctor spoke with them about smoking cessation and maintaining a healthy lifestyle when they were pregnant. Children and young people were treated in an age appropriate way.

Clinical staff were aware of Gillick competency (when a child is able to consent to their own medical treatment without the need for parental permission). The practice had received 'Your Welcome' accreditation. This is awarded when services have met the Department of Health ten point criteria for making health services young people friendly.

There was a walk-in sexual health clinic twice each week. One of these clinics was held at a separate time from GP appointments so there was only one patient group attending the practice.

Good



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

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

The practice provided extended hours appointments three evenings a week from 6.30-8pm to enable working people and students to attend for routine and emergency appointments and three hours on a Saturday for sexual health screening and treatment and contraception. The practice also offered telephone consultations. The practice offered on-line appointments and repeat prescription services and in-house phlebotomy with appointments available before and after working hours. The practice used the choose and book system to enable patients to arrange the date or their initial

Good



# Summary of findings

appointment after referral. The nurse, healthcare assistant and clinical staff provided health promotion, smoking cessation and maintaining a healthy lifestyle. Seventy nine per cent of eligible women had attended for a cervical smear. The practice provided a walk in sexual health clinic and worked with health professionals at the local genito-urinary medicine (GUM) clinic.

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

The practice is rated good for patients whose circumstances may make them vulnerable.

The electronic recording system identified patients who were deemed vulnerable. Clinical staff told us they did not turn any person away. They provided longer appointments for patients with learning disabilities. We saw that annual health checks had been completed for 6 of the 17 patients with learning disabilities so far this year. There was a safeguarding lead who was available to offer advice and support to staff if they were concerned about a vulnerable patient. We saw evidence of joined up care and treatment because the provider worked with other health and social care providers.

**Good**



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

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

Care plans were in place for patients with dementia. The practice had a system to call patients with mental health for routine checks. Longer appointments were provided to allow sufficient time for medicines reviews, blood tests, flu vaccine and feet checks could be completed. We saw evidence of joined up care because the provider worked with other health and social care providers. We were told Do Not Attempt Cardiopulmonary Resuscitation orders were in place where required for patients living in nursing homes.

**Good**





# Summary of findings

## What people who use the service say

We spoke with five patients during our visit and received 13 comment cards, completed by patients who visited the practice during the week before the inspection.

Patients we spoke with made positive comments about their experience of making an appointment and said they were not usually kept waiting very long. They said the surgery was clean and that they saw the doctor or nurse wash their hands before and after touching them. Patients said staff respected their privacy and during appointments and used the curtain to maintain their dignity when they were being examined. They said staff spoke with them in appropriate ways. Patients we spoke with had not made a complaint, some were aware of how to make a complaint and while others were not clear. They said they would speak with reception staff and felt they would be taken seriously and listened to.

Comment cards indicated patients were satisfied to very happy with the service they received at the practice. All 13 comment cards contained positive comments about staff, with patients stating staff were polite, helpful, kind, caring, understanding and supportive. Patients pointed out how individual staff had provided them with the care and treatment they needed and expected and at times exceeded their expectations.

The results from the 2014 GP survey showed 96% of respondents had confidence and trust in the last GP they saw. Seventy six per cent of patients would recommend the practice to someone new to the area. Seventy six per cent said it was easy to get through on the phone and 71% usually waited less than 15 minutes when they arrived for their appointment.

The practice had carried out their own annual patient surveys. We saw the practice had made changes following comments from their patient survey in 2013. This included changing their telephone number to a local number and altering the arrangements for on the day appointments. The patient survey in 2014 identified that patients were generally happy with the process to make appointments and the care and treatment received from clinical and administrative staff. Thirty seven of 40 comments received showed patients were happy with the service they received from the practice. An action plan including reviewing the telephone system; developing a fixed time for results reporting; improving patient's knowledge and use of the electronic appointment and repeat prescription service and improving the environment had been proposed. This was awaiting approval from the Patient Participation Group.

## Areas for improvement

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

- Ensure all clinical staff have a Disclosure and Barring Service check before they start work.
- Ensure availability of medical oxygen in the branch surgery as well.

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

- Ensure staff complete updated training in child protection as arranged.

- Staff should record the actions taken if the fridge temperature is recorded outside the required level.
- Improve privacy at reception.
- Ensure patient records are stored securely.
- Update the practice's complaints policy and improve the information given to patients so they are clear about the procedure.

# Coldharbour Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection was led by a CQC Lead inspector, a second inspector, a member of staff from CQC policy and methodology department and a GP specialist advisor.

## Background to Coldharbour Surgery

The surgery is located in Eltham in Greenwich, and provides a general practice service to around 4,400 patients; they have a branch surgery in Bromley which is for the same patient group.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; family planning; maternity and midwifery services diagnostics and screening and minor surgery at one location with a branch surgery.

The practice has a Personal Medical Services contract and provides a full range of essential, additional and enhanced services including child and adult vaccinations and immunisations, cervical smears, family planning and contraception services, maternity services and minor surgery. (Personal Medical Services agreements are locally agreed contracts between NHS England and a GP practice and offer local flexibility compared to the nationally negotiated General Medical Services (GMS) contracts).

The practice is open five days a week from 8:00 am to 6:30 pm. In addition, the practice offers extended opening hours from 6.30pm to 8.00pm on Monday, Tuesday and Wednesday and from 9.00am to 12.30 on Saturday for

sexual health screening and treatment and contraception. The practice has opted out of providing out-of-hours service to patients, and out of hours patients were advised to ring the local provider.

The practice had a higher than average number of patients aged 5-19 years, 45-45 years and female patients over 85 years and a lower than average number of patients aged 25-29 years.

The surgery is a GP teaching practice; there is one female GP partner and a non-clinical partner, two salaried GPs (both female) and a long term locum GP (male). The GP registrar had just completed their placement and a new one was due to start in the near future. There is one nurse and one health care assistant and the practice also has a practice manager, reception and administrative staff.

There were no previous performance issues or concerns about this practice prior to our inspection.

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.

## 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. This inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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.

This provider had not been inspected before and that was why we included them.

## How we carried out this inspection

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)

Before visiting, we reviewed a range of information we held about the practice and asked other organisations, the Clinical Commissioning Group, NHS England and Healthwatch Greenwich to share what they knew. This did not highlight any significant areas of risk.

We carried out an announced visit on 2 December 2014. During our visit we spoke with a range of staff including the GP, one salaried and the locum GP, practice manager, locum nurse, reception and administrative staff and we spoke with seven patients who used the service. We reviewed comment cards where patients who visited the practice in the week before our inspection gave their opinion of the services provided. We observed how patients were being cared for. We looked at the provider's policies and records including, staff recruitment and training files, building and equipment maintenance, health and safety, infection control, complaints, significant events and clinical audits.

# Are services safe?

## Our findings

### Safe track record

Arrangements were in place to identify risks and improve patient safety. National patient safety alerts were received on the electronic recording system and shared at the weekly clinical meeting. Staff we spoke with were aware of the incidents and issues that required reporting including safeguarding concerns and accidents and were clear about their role to report issues to the GP, practice or business manager. There were suitable policies and procedures for safeguarding, infection control and health and safety.

### Learning and improvement from safety incidents

The practice had suitable arrangements in place for reporting, recording and monitoring serious untoward incidents, incidents and accidents. We saw the four incidents that had occurred in 2014, had been discussed at weekly clinical meetings and these were a regular agenda item. When required action plans were developed, shared with relevant staff and worked through to make the required improvements.

Panic alarms were fitted in clinical rooms. These were checked regularly and staff were aware of the actions they needed to take if the alarm sounded.

### Reliable safety systems and processes including safeguarding

The practice had developed child protection policies and procedures. The GP was the safeguarding lead, although staff we spoke with were not all clear about who the lead was; they all confirmed they would speak with one of the doctors about any concerns. Contact details for the local authority were easily accessible to staff in reception areas. Clinical staff we spoke with had completed child protection to Level 3 and administrative staff had completed Level 2. Records identified that four members of staff needed refresher training and this was planned. Staff were clear about what constituted abuse and actions they needed to take to protect children. There was a system on electronic patient records to identify if a child was the subject of a child protection plan; this ensured staff were aware when there were concerns.

The practice had a safeguarding adults policy which outlined the different forms of abuse and how staff should respond in an actual or suspected case. Not all clinical staff had completed safeguarding adults training, however all

the staff we spoke with demonstrated an understanding and awareness of safeguarding and knew the appropriate reporting procedures. There was a chaperone policy which was displayed for patients. The GP provided training and guidance for non-clinical staff so they were clear about their role if they were required to act as chaperone.

### Medicines management

Medicines were stored securely and suitable systems were in place for checking medicines. Those we looked at were in date. Medicines were checked monthly with systems to rotate stock to ensure older medicines were used before they reached their expiry date. Records of the temperature of fridges where vaccinations and immunisations were stored were taken daily. Staff we spoke with were aware of the required temperature range and were aware of the actions they needed to take if the temperature went outside of these, although records did not always show actions staff had taken when the temperature was outside the recommended range. Controlled drugs were not kept at the practice.

Prescriptions were stored securely and handled in line with national guidance. The repeat prescribing protocol was in line with local and national guidance. Clinical staff had clear guidance to follow when they reviewed patients' medicines and wrote repeat prescriptions. Systems were in place to ensure annual medicines reviews took place for patients with long term conditions. Patients we spoke with said the repeat prescription process worked for them. Patients could use the on-line repeat prescription service, deliver requests by hand or post them to the practice. Systems were in place to ensure prescriptions were dealt with in a timely manner. We were told there had been some issues with the processing of prescriptions, however changes were made, all staff were informed and the issues had been resolved.

Nursing staff who gave injections had received suitable training. The vaccination batch numbers were recorded in the individual patient record.

### Cleanliness and infection control

Patients told us the practice reception, waiting areas and the consultation rooms were clean and that they saw the doctor or nurse wash their hands before and after touching them. Some staff had completed training in hand hygiene. Policies and procedures for infection control were available to staff. An infection control audit was completed in 2013

## Are services safe?

with no issues raised. It was not clear from records or speaking with staff if there was an infection control lead at the practice. We were told the GP was the infection control lead.

There was a suitable cleaning schedule in place which included areas and items to be cleaned daily, weekly and monthly. Records showed the practice manager completed regular checks of the cleanliness of the premises.

Reception staff had access to personal protective equipment and spill packs if they needed to deal with any spillage of bodily fluids in the reception and waiting areas. Clinical staff said they had personal protective equipment.

Domestic and clinical waste was stored separately in both buildings with contracts in place for the removal of clinical waste.

A risk assessment had been completed for Legionella. (Legionella is a germ which can contaminate water systems in buildings).

### Equipment

The practice had appropriate equipment to carry out examinations and assessments including blood pressure monitoring machines, nebulisers and spirometers. Calibration testing had been carried out to all equipment in November 2013 and December 2014. Portable Appliance Testing (PAT) testing was last carried out in 2008.

### Staffing and Recruitment

Suitable recruitment processes were in place which included the required checks being made before staff started work, however, an examination of staff records showed these checks were not always completed. One member of clinical staff employed in November 2014 had started work without a Disclosure and Barring Service check being undertaken, however this had been applied for at the time of our inspection. We were told that a DBS from a previous employer had been seen by the provider, but we did not see a risk assessment for this.

When doctors or nurses were employed, their qualification and registration with either the General Medical Council or Nursing and Midwifery Council were checked. We saw checks were made on the person's identity. Records showed the hepatitis status of clinical staff was checked when they started work.

### Monitoring safety and responding to risk

Suitable systems, processes and policies were in place to manage and monitor risks to patients and staff at the practice. Health and safety policies were in place with relevant information displayed for staff.

### Arrangements to deal with emergencies and major incidents

Suitable arrangements were in place to deal with emergencies. Records showed that clinical staff completed annual training in basic life support, with non-clinical staff completing this training every three years. Emergency equipment including medical oxygen was available in the practice but not in the branch surgery. Records showed emergency equipment was checked regularly. While the practice did not have a defibrillator, they had completed a risk assessment which identified after advice from the London Ambulance Service it was not required due to the ambulance response time.

Emergency medicines were easily accessible and securely stored and staff knew where these were kept. Processes were in place to check emergency medicines were within their expiry date and suitable for use. All the medicines we checked were in date and fit for use.

A business continuity plan was in place which was kept under review. This was available to staff both electronically and in paper format. Staff had clear guidance on actions they should take in the event of a range of emergency situations including a power cut, flood and adverse weather conditions.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs and nursing staff we spoke with were clear about their reasons for treatments prescribed. They were up to date with best practice guidelines from the National Institute for Health and Care Excellence and local agreements. We saw they used locally agreed prescribing guidelines. GPs gave us examples of where they used most recent guidelines for hypertension in pregnancy. Minutes of weekly clinical meetings confirmed they shared new guidance and discussed best practice using case studies.

The GPs each had a lead area of interest such as for long term conditions including asthma, Chronic Obstructive Pulmonary Disease, coronary heart disease, dementia, diabetes, depression, epilepsy, hypertension, kidney failure, learning disability, palliative care and stroke. Staff in this role were given time to keep up to date with guidance including attending relevant training and providing training and support to colleagues.

GPs told us that they made referrals and provided treatment depending upon patient need. We saw no evidence of discrimination when staff made decisions regarding care and treatment and patients were referred on the basis of need.

### Management, monitoring and improving outcomes for people

The practice had a system for completing clinical audit cycles. Examples of clinical audits included on atrial fibrillation which identified that 95 % of patients were found to be on the correct treatment. When the audit was repeated, the number of patients on correct treatment remained stable. We were shown two audits of infant milk completed in September 2013 and February 2014.

Clinical staff used local guidelines for prescribing antibiotics. They followed guidelines for patients such as those with diabetes to check for depression. The practice was not an outlier for any Quality and Outcomes Framework (QOF) clinical targets. QOF is the voluntary incentive scheme used to encourage high quality care, with indicators used to measure how well practices were caring for patients.

### Effective staffing

A training needs analysis had been completed for the medical, nursing, managerial and administrative staff

employed at the practice. We looked at staff training records and saw staff were up to date with basic life support and child protection (except those who were booked onto refresher training) with systems to ensure update training was booked when required. Appraisals were completed annually for administrative staff. Doctors had an annual appraisal and were working towards their revalidation. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practice). Doctors carrying out minor surgery had three yearly updates. One of the GPs specialised in gynaecology. Nurses and the healthcare assistant completed training on giving flu injection, immunisation and smoking cessation.

### Working with colleagues and other services

Suitable systems were in place to communicate with other providers. Faxes and incoming correspondence including blood and x-ray results were checked by the duty doctor each day and actions were completed and added to the individual patient record. All staff we spoke with were clear about their role and said the system worked well. The practice participated in multidisciplinary meetings to discuss the needs of patients with complex health needs including those receiving end of life care.

### Information sharing

The practice had systems to provide staff with the information they needed. Staff used an electronic patient record to record and manage patients care. All staff were trained in how to use the system. The practice used electronic systems to communicate with other providers. For example, there was a system for the out-of-hours service to send records of patients seen in a secure manner. These records were checked by the duty doctor each day to ensure any actions were completed. The practice used special patient notes when required for patients receiving end of life care, to ensure all doctors and the out of hours service had the most up to date information to provide appropriate care and treatment.

### Consent to care and treatment

Clinical staff were clear about requirements to seek consent prior to providing treatment. They said they sought verbal consent before carrying out an examination and joint injections. Patients gave written consent before having minor surgery; records we saw confirmed this. Arrangements were in place for undertaking checks for patients with dementia in nursing homes. Staff had not completed formal training on the Mental Capacity Act but



# Are services effective?

(for example, treatment is effective)

were clear about their responsibilities. They were aware of when best interest decisions would be needed and how to ensure children were legally able to consent to treatment by demonstrating an understanding of Gillick competence.

## Health promotion and prevention

Clinical staff demonstrated a good knowledge of the health needs of the local population and used this to determine health promotion.

The health care assistant saw all new patients and took details of the individuals and family health concerns and noted smoking status. Any concerns were referred to the GP. There was a range of information leaflets available at the practice for patients to help them understand their condition and improve their health. The practice website contained information about how to respond to a range of minor ailments.

The electronic recording system identified patients who required additional support, including patients with a learning disability, those receiving end of life care and patients who were carers. Records showed that 33% of the 17 patients on the learning disability register had received an annual health check so far this year. Systems were in place to ensure routine health checks were completed for patients with long-term conditions. Medicines reviews were completed annually.

Forty two per cent of patients in the at risk group had received the flu vaccination and 62 % of people aged over 65 so far this year. Seventy nine per cent of eligible women attended for a smear test.

# Are services caring?

## Our findings

### **Respect, dignity, compassion and empathy**

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2014 national patient survey in which patients gave positive feedback. According to the National GP survey 89% of patients said that the last GP they saw or spoke to was good at treating them with care and concern.

We received 13 patient comment cards from patients who visited the practice during the two weeks before our visit. Patients indicated they were satisfied to very happy with the service they received at the practice. They said that staff were polite, helpful, kind, caring, understanding and supportive. Patients pointed out how individual staff had provided them with the care and treatment they needed and expected and at times exceeded their expectations.

Patients we spoke with said staff spoke with them in appropriate ways. They said that staff respected their privacy and during appointments, they closed doors and used the curtain to maintain their dignity when they were being examined.

We saw staff demonstrated good knowledge of patients, greeting them by name, speaking with them politely and respectfully. The practice communication policy directed staff to be polite and provide positive and efficient care and support to patients.

Reception areas in the practice and branch surgery were shared with another GP practice. Both were open which meant conversations could be overheard. We saw a radio was used in one waiting room to provide some privacy. Records were stored in lockable cabinets, although in the main practice these cupboards were so full they did not close properly during our visit. Consultations took place in rooms with the door closed. Curtains were provided in consultation rooms to provide privacy during examinations.

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

Patients we spoke with said they were involved in making decisions about the care and treatment they received; the doctors and nurses listened to them and took time to explain things to them in ways they understood. Eighty six per cent of respondents in the National Patient survey 2014 said the doctor involved them in their care and treatment compared to the Clinical Commissioning Group average which was 62%.

Staff told us they had access to face to face and telephone interpreting services when required and patients were informed of the availability of this service.

There was a range of information leaflets about different long term health conditions and how to develop and maintain a healthy lifestyle in the waiting areas for patients.

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

A range of leaflets were available in the reception area relating to counselling and support services to assist patients and carers to cope emotionally. This included information about a domestic violence drop in support group and a carers support and advice group. Patients we spoke with confirmed that they would know where to find support if required. They told us that staff they interacted with were always caring and provided emotional support, or advised them of how they could access emotional support if required. Comment cards received from patients reflected what patients had told us.

Information about bereavement services was accessible to patients. None of the patients we spoke with had accessed the service but they were confident about the practice providing the appropriate support and guidance if required.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice knew the needs of the local population and were responsive to those needs. We saw the services provided were flexible to meet patient's needs. Staff spoken with were aware of local services and support groups to refer patients to when required.

The GP and business manager attended regular meetings with the Clinical Commissioning Group (CCG), who, along with other practices looked at the improvements needed to meet local health needs.

A Patient Participation Group (PPG) was set up in 2013. Minutes showed the group met two or three times each year, completed an annual report and developed an action plan from patient feedback. Changes made following patient feedback included a new telephone system and introducing a fixed time for patients to receive test results. The PPG were working on improving patient uptake of on line appointments and repeat prescriptions. While the PPG membership had been reflective of the patient population with regard to age, gender and health conditions, the membership was reduced recently. The practice was actively seeking new members for the group through adverts in the waiting rooms and on the website.

### Tackling inequity and promoting equality

Staff told us they had access to face to face and telephone interpreters when needed.

GPs told us they provided health care services to everyone who attended.

The electronic recording system had an indicator system to show if a patient was vulnerable and if a child was on a child protection plan. Reception staff gave us examples of how they supported some vulnerable elderly patients and carers make appointments at convenient times for them.

### Access to the service

The practice was open five days a week from 8.00am-6.30pm and provided extended hours from 6.30pm-8.00pm on Monday, Tuesday and Wednesday and from 9.00am-12.30pm on Saturday for sexual health screening and treatment and contraception. They offered a range of book in advance and on the day emergency appointments for patients. GPs carried out home visits when they felt it was necessary. Longer appointments could be booked and reception staff were clear about the patient groups that required longer appointment times. Patients could use the on-line appointment booking system or telephone to make appointments. Seventy six per cent of respondents to the National GP survey said it was easy to get through on the phone and 71% said they usually waited less than 15 minutes when they arrived for their appointment.

### Listening and learning from concerns and complaints

The practice had a suitable system in place for handling complaints and concerns. The complaints policy was in line with recognised guidance and contractual obligations for GPs in England, although it needed updating to remove reference to the Primary Care Trust. The practice manager was responsible for dealing with complaints. These were discussed at the weekly management meetings. Records of complaints showed they had all been responded to and the patient was satisfied with the outcome. Learning from complaints was shared with staff at practice meetings, any common themes were addressed by additional training. Records were kept of compliments received and these were shared with staff.

Information about how to make a complaint was displayed in the waiting areas and on the practice website. Patients we spoke with had not made a complaint; some were aware of how to make a complaint and while others were not clear, they said they would speak with reception staff, the practice manager or doctor and felt they would be taken seriously and listened to.

# 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

We spoke with a range of staff and they all knew the vision and values of the practice and what their responsibilities were in relation to these. The business manager outlined the practice vision which included plans to expand and develop services in the practice. This included offering more services to patients including minor surgery.

### Governance arrangements

There were clear governance arrangements and staff we spoke with were aware of the reporting structures. They told us managers were approachable and provided support to them when required. Staff had allocated lead areas of responsibility. For example there was a GP lead for safeguarding, diabetes, cardiology and QOF. All staff with lead responsibilities with whom we spoke were aware of their roles and responsibilities.

The practice had policies and procedures in place and they were all available on a shared drive so all staff could access them. Hard copies were also available in the reception area. There was a business continuity plan in place which took account of potential disruptions to the service. The GP we spoke with was aware of the arrangements in place and was confident that in the event of an incident they would respond appropriately.

### Leadership, openness and transparency

Leadership structures were clear and there was an open and transparent environment. The practice and business managers were responsible for the day to day running of the practice from the business side and the principal GP was the clinical lead. Staff were aware of these structures those in leadership positions. Staff told us they were supported to carry out their duties and that management were supportive. Administration staff said that they were always updated about developments going on in the surgery. For example, the practice manager emailed them regularly to let them know about proposed changes. They also attended regular meetings where they were updated about developments.

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

Staff meetings were held regularly and staff told us they were given the opportunity to voice their opinions.

The practice gathered feedback from patients through patient surveys, the practice email, NHS Choices and complaints received.

The practice had a Patient Participation Group (PPG). Membership of the group had fluctuated from approximately 10 to 12 members for the past two years. The practice manager explained that membership over the last few months had reduced; however, they were currently actively seeking new recruits. The group met once a month and GPs attended approximately twice a year. Membership of the PPG was representative of the practice with a proportionate mix of male and female patients, patients from different ethnicities and across a broad age spectrum. We looked at meeting minutes and saw that agenda items included; reviewing the previous year's patient survey results and developing the patient's survey.

The practice conducted an annual patients' survey. We were told that the results of the surveys were analysed and if identified, improvements were made to the service. We saw that as a result of feedback from the previous year's survey a new telephone line had been put in so that there was one telephone number covering both of the surgery locations.

### Management lead through learning and improvement

Staff were supported to learn and develop on a continual basis. Training and development opportunities were available and each member of staff had a training need analysis. The training needs analysis outlined the generic and role specific training required and actions were set in order to achieve the goals. We looked at staff files and saw that staff had an annual appraisal to identify personal areas of development.

Meetings for non-clinical staff were held on an ad-hoc basis. However we were told that information relating to improving the quality of the service was disseminated to non-clinical staff on a rolling basis, as and when required. For example, the practice was recently having problems with the processing of prescriptions. Changes were made to the process and a meeting was held to pass on the information to staff and ensure they were updated on the changes.

Clinical meetings were held every Tuesday. Clinical staff brought details of individual cases and near misses incidents for discussions. This was to ensure they worked

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together in problem solving and to improve performance.  
In the event of an urgent case for discussion, details would  
be sent out by email and discussed and the problem  
solved via email.

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person had not protected people against the risks associated with unsafe recruitment processes as the processes had not included a DBS check for all staff. This was in breach of Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA (RA) Regulations 2014 Person-centred care</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person had not protected people against the risks associated with planning and delivery of care as medical oxygen was only provided at the practice but staff had no access to it at the branch surgery. This was in breach of Regulation 9 (1) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12(2)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>