

# Dr Sillick and Partners

## Quality Report

Dr Sillick and Partners  
The Health Centre  
Rodney Road  
Walton On Thames  
Surrey  
KT12 3LB

Tel: 01932 414139

Website: [www.waltonredpractice.co.uk](http://www.waltonredpractice.co.uk)

Date of inspection visit: 9 August 2016

Date of publication: 16/12/2016

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?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Requires improvement



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	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Sillick and Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	24

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Sillick and Partners on 9 August 2016. Overall the practice is rated as requires improvement.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not always find it easy to make an appointment with a GP, however, there was continuity of care, with urgent appointments available the same day.
- The practice was well equipped to treat patients and meet their needs. However, the practice had difficulties in maintaining the building due to the current arrangements with the property landlord. For example the cleaning arrangements did not ensure the risk of infection was minimised and the current telephone system hindered patient access.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

- Risks to patients were generally assessed but not always well managed. For example, the practice's risk assessment for staff undergoing a Disclosure and Barring Service check (DBS) did not fully consider all risks regarding unsupervised access to patients.
- The training and appraisal systems did not ensure all staff had the training required for their roles and appraisals for all staff had not taken place.

The areas where the provider must make improvement are:

- The provider must ensure infection control measures, including cleaning systems are maintained and the action plan is fully implemented.
- The provider must ensure that all staff have the training required to undertake their role.
- The provider must ensure that recruitment records are complete and include proof of identity.
- The provider must ensure all staff who have unsupervised access to patients have been subject to a DBS check.
- The provider must review their appraisal system to ensure all staff have an appraisal and these records are maintained on file
- The provider must review and take steps to improve patient telephone access to the service.

**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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared with GP colleagues to make sure action was taken to improve safety in the practice. The practice could demonstrate that this information was shared with the wider team.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were generally assessed but not always well managed. For example the practice had infection control systems that did not ensure the practice was clean.
- The recruitment records we saw did not contain all the information required by regulations.
- Not all staff who had unsupervised access to patients had undergone a DBS check.

**Requires improvement**



### Are services effective?

The practice is rated as requires improvement for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for some staff. A number of staff records we checked did not have an appraisal.

**Requires improvement**



# Summary of findings

- Training for staff was not consistent. The records we saw did not demonstrate that staff had the training required to meet their role and the needs of the service. For example staff had not had information governance, fire safety or infection control training.
- 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.

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

**Good**



## Are services responsive to people's needs?

The practice is rated as requires improvement for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP once they got through to the practice and there was continuity of care, with urgent appointments available the same day. However we were told that it was not easy to get through to the practice on the telephone and this was also raised in the last patient survey.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

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

**Good**



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was a governance framework which supported the delivery of the strategy and good quality care.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had arrangements to obtain feedback from staff and patients, which it acted on. A virtual patient participation group was active.

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had regular meetings with the Proactive care team to help avoid admissions. The practice provided an enhanced service for unplanned admissions – a register of the most vulnerable patients - with care plans and reviews following any unplanned hospital admissions.

**Requires improvement**



### People with long term conditions

The provider was rated as requires improvement for safe, effective and responsive and good for caring and well led. 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.
- Performance for diabetes related indicators were better than the CCG average and better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months was 86% compared to the CCG average of 76% and national average of 78%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 76%, which was comparable to the CCG average of 80%, the national average was 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Requires improvement



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

The provider was rated as requires improvement for safe, effective and responsive and good for caring and well led. 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



## People whose circumstances may make them vulnerable

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

Requires improvement





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 90% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 83% and the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the CCG average of 91% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

**Requires improvement**



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below the local and national averages. 271 survey forms were distributed and 120 were returned. This represented 1.3% of the practice's patient list.

- 37% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% 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 76%.
- 77% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 64% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 77% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards, all contained positive comments about the standard of care received. Patients commented on a caring, professional and helpful practice team. Patients felt listened to and treated with kindness. Two comment cards told us that it could be difficult to access appointments on the phone, and three commented on the premises looking run down and in need of an update.

We spoke with six patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- The provider must ensure infection control measures, including cleaning systems are maintained and the action plan is fully implemented.
- The provider must ensure that all staff have the training required to undertake their role.
- The provider must ensure that recruitment records are complete and include proof of identity.
- The provider must ensure all staff who have unsupervised access to patients have been subject to a DBS check.
- The provider must review their appraisal system to ensure all staff have an appraisal and these records are maintained on file
- The provider must review and take steps to improve patient telephone access to the service

# Dr Sillick and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Sillick and Partners

Dr Sillick and Partners (known as the Red Practice) is a practice offering general medical services to the population of Walton on Thames and surrounding areas in Surrey. There are approximately 8876 registered patients.

The practice population has a slightly higher number of patients between 35 and 54 years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 20 and 34 years than the national and local CCG average. There are a higher number of patients with a longstanding health condition (56%) than the CCG average of 50% however they are in line with the national average of 54%. The percentage of registered patients suffering deprivation (affecting both adults and children) is low with an index score of 11, similar to the CCG average of 10.7 but much lower than the average for England of 21.8.

At the time of the inspection Dr Sillick and Partners is run by three partner GPs (three female). The practice is also supported by three salaried GPs (two female and one male), three practice nurses, a treatment room nurse, one healthcare assistant, a team of administrative and

reception staff, and a practice manager. The nurse team is shared with another practice within the same premises. They are managed by a team manager who allocates their time in collaboration with both practices.

The premises are owned by NHS property services who are responsible for the maintenance of the building. The building is shared with two other registered primary care services.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from one location:

The Red Practice

The Health Centre

Walton On Thames

Surrey

KT12 3LB

The practice was open between 8.30am and 6.30pm Monday to Friday. Arrangements were in place with the out of hours provider between 8am and 8.30am. Extended hours appointments were offered on Wednesday mornings between 7.30am and 8am, Tuesday evenings (3 per month) 6.30pm to 7.30pm for GPs and until 8pm for nurses, Friday morning (1 per month) between 7.30am and 8am and Saturday morning (one per month) between 8am and 10am.

During the times when the practice is closed arrangements are in place for patients to access care from Care UK which is an Out of Hours provider.

# Detailed findings

## 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 9 August 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the practice manager and administration 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 an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared at GP meetings and with the practice team. We saw that action was taken to improve safety in the practice. For example, following an incident when a medicine used for emergencies was found to be out of date action was taken to review the stock checking and storage procedures in the practice. This was communicated to all clinical staff.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities

and all clinical had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to level two.

- Notices advised patients that chaperones were available if required. We found that staff who acted as chaperones were trained for the role and they had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We noted that all staff had chaperone training in November 2015.
- The practice had not maintained appropriate standards of cleanliness and hygiene. We observed the premises to be tidy but not clean in all areas. There was an infection control protocol in place. A comprehensive infection control audit had been undertaken in January 2016 by an external agency. We noted that the practice manager had communicated the outcome of this audit and a plan of action to staff. However on the day of the inspection we found a shortfall in the standards of cleanliness. We saw that some of the clinical areas were not clean, dust had built up on a treatment couch, there was a small baby changing mat that was in poor condition meaning it could not be cleaned thoroughly. We saw evidence that the provider was dealing with ongoing concerns regarding the quality of services provided by the cleaning company provided under contract by the landlord. We also noted that sharps boxes were not always dated and signed in accordance with policy and procedure.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice (including obtaining, prescribing, recording, handling, storing, security and disposal) kept patients safe. Processes were in place for handling repeat prescriptions including the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and systems were in place to monitor their use. Patient Group Directions had been adopted by the practice to

# Are services safe?

allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed six personnel files and found most recruitment checks had been undertaken prior to employment including satisfactory evidence of conduct in previous employment. For example, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were in place for clinical staff. However we found that five of the records we saw did not contain evidence of proof of identity. Whilst clinical staff had a DBS check in place the majority of staff had been risk assessed not to require this check and we found that the potential for these staff to have unsupervised contact with patients had not been fully assessed.

## Monitoring risks to patients

Risks to patients were assessed but not always well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice had an up to date fire risk assessment dated February 2016 all electrical equipment was last checked to ensure the equipment was safe to use in 2015. Clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control. The practice had undertaken a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 97.2% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was the same as the CCG average and similar to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 80% compared to the CCG average of 80% and national average of 78%.

Performance for mental health related indicators was similar to the CCG and better than the national average. For example, 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 95% compared to the CCG average of 91% and national average of 88%.

We found that QOF outcomes had expected or lower levels of exception reporting (The QOF includes the concept of

'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect.).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, these were audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had undertaken an audit of patients with pre-diabetes indicators. Providing lifestyle advice and education to the identified patient group found and improvement in blood test results for 81% of that group. The practice has set up a further follow up for patients on an annual basis.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. We spoke with a member of staff who had been supported to attend training to provide support to patients with diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of some staff were identified through a system of appraisals, meetings and reviews of practice development needs. We were unable to confirm if all staff had received an appraisal within the last 12 months. Of the six records we saw two records



# Are services effective?

## (for example, treatment is effective)

contained an appraisal, two staff did not require an appraisal as they were recent appointments and two did not have an appraisal on file. We saw two additional appraisal records for practice nurses that took place in October 2015. Following the inspection the practice sent us evidence to demonstrate that two other staff had received an appraisal.

- Some staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. However the training records we saw did not demonstrate that all staff had the training required to fulfil their roles. For example the records we saw were incomplete and not all staff had received training in areas such as fire, safeguarding and infection control. We saw evidence that basic life support had been undertaken. We noted that the last practice safeguarding training took place in 2013 however a training session for all staff was arranged for October 2016. Records for staff that started recently did not contain a record of induction.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- We saw that patients' verbal consent was recorded in their care records. Consent for minor surgery was documented. The practice had a pro-forma for consent and could demonstrate that the risks of undertaking procedures were discussed with the patient.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Advice on diet and exercise and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the CCG average of 80%, the national average was 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 59% of patients, 60-69, were screened for bowel cancer in last 30 months similar to the CCG average of 57% and the national average of 58%.

There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood

# Are services effective?

(for example, treatment is effective)

immunisation rates for the vaccines given to under two year olds ranged from 86% to 97% compared to the CCG averages of 75% to 88% and five year olds from 79% to 90% compared to the CCG averages of 76% to 91%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 32 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Five cards contained negative comments, three regarding the condition of the premises and two telling us that it was difficult to get through on the phone.

We spoke with six patients during our inspection. They told us that they were treated with respect, supported to make decisions themselves and the service they received was very good. Patients told us staff were polite and kind and compassionate.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was average or above for its satisfaction scores on consultations with GPs and nurses. For example:

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% 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:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 150 patients as carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice meets with a carer support officer from the local authority on a regular basis to ensure their information is up to date. The practice has a care coordinator who monitors and updates carer information.

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 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.

- Extended hours appointments were offered on Wednesday mornings between 7.30am and 8am, Tuesday evenings (3 per month) 6.30pm to 7.30pm for GPs and until 8pm for nurses, Friday morning (1 per month) between 7.30am and 8am and Saturday (one per month) between 8am and 10am for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice had introduced pre bookable telephone consultations in 2016 and received positive feedback from patients on this initiative.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Arrangements were in place with the out of hours provider between 8am and 8.30am. Extended hours appointments were offered on Wednesday mornings between 7.30am and 8am, Tuesday evenings (3 per month) 6.30pm to 7.30pm for GPs and until 8pm for nurses, Friday morning (1 per month) between 7.30am and 8am and Saturday (one per month) between 8am and 10am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 54% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and the national average of 78%.
- 37% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and the national average of 73%.

We reviewed information from the practice to demonstrate that they were aware of the results of this survey and had taken steps to review appointment times and availability. The telephone system is a legacy system linked to the local hospital network and has a limited number of lines.

We saw information provided by the practice dated between February 2014 and February 2015 that demonstrated they had made efforts to make improvements to the current system however they had not been able to do so. The practice was exploring a re-provision of the telephone system. However they had not taken any steps as yet with this re-provision.

People told us on the day of the inspection that they were able to get appointments when they needed them. However getting through on the telephone was difficult.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

For example, the practice phoned the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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 for example a complaints leaflet was available in reception.

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

with in a timely way, openness and transparency with dealing with the complaint. We noted that actions were taken by the practice following the outcome of complaints investigations. Outcomes from complaints were shared with staff and this included discussion at the GP partners meeting.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However there were areas identified at this inspection that required improving. For example, infection control and cleaning systems, staff recruitment information and training.

### Leadership and culture

On the day of inspection the partners told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by management.

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

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

- We were told that the practice encouraged and valued feedback from patients, the public and staff. The practice had systems in place to obtain patients' feedback and engaged patients in the delivery of the service through a virtual patient group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions at staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

The practice considered learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured that satisfactory levels of cleanliness were maintained in the practice and the infection control systems protected staff and patients.</p> <p>The provider had not ensured that all staff who had unsupervised access to patients had undergone a check via the Disclosure and Barring Service.</p> <p>This was in breach of regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>The provider had not ensured that all staff have had training and appraisal to meet their needs and the needs of the service.</p> <p>This was in breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The provider had not ensured that all staff records contained evidence of proof of identity.</p> <p>This was in breach of regulation 19 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>



This section is primarily information for the provider

## Requirement notices

### Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

The provider had not ensured that patients had appropriate access to the practice via the telephone system.

This was in breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014