

# Upton Road Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Upton Road Surgery on 24 August 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- The patients we spoke with or who left comments for us were positive about the standard of care they received and about staff behaviours. They said staff were professional, polite, caring and friendly. They told us that their privacy and dignity was respected 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.
- Some patients said it could be difficult to book appointments in advance. However, they were positive about access to same day and urgent appointments at the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Ensure that all staff employed are supported by receiving appropriate supervision and appraisal and are completing the essential training relevant to their roles, including infection prevention and control training.

# Summary of findings

- Ensure that a process is in place for the practice wide discussion on and response to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts.
- Ensure that all staff are aware of who the infection control leads are and that the plan of action to control and resolve risks identified by the infection control audit is fully completed.
- Monitor the newly implemented process to ensure patients aged 16 years or under who do not attend hospital appointments are appropriately followed up.
- Ensure the practice adheres to all National Institute for Health and Care Excellence (NICE) best practice guidelines.
- Ensure that all decisions made and action taken in relation to the monitoring and review of patients prescribed higher risk medicines are recorded on the practice's own patient record system.
- Continue to support carers in its patient population by providing annual health reviews.
- Ensure full details of doctors' verbal communications with patients before obtaining consent for procedures carried out at the practice are recorded.
- Continue to take steps to ensure that in future National GP Patient Surveys the practice's areas of below local and national average performance are improved, including access to appointments.
- Continue to engage with the Patient Participation Group and ensure that it maintains an active role in the delivery of 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 good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. 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 assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly comparable with local and national averages. The practice's exception reporting was consistently lower than local and national averages.
- 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 training assessments, appraisals and personal development plans for staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that with two exceptions, patients rated the practice similar to or above local and national averages for all aspects of care. Senior staff at the practice were aware of the areas of below average satisfaction scores and could demonstrate they were responding to it.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Data from the National GP Patient Survey published in July 2016 showed that patients mostly rated the practice similar to local and national averages for access to the practice.
- Some patients said getting an appointment was fairly easy and some said getting an appointment in advance and getting an appointment with a named GP could be difficult. However, they said that access to urgent and same day appointments was good.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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 an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 685 patients aged over 65 years. Of those 515 (75%) had received the flu vaccination in the 2015/2016 year.
- There were named GPs for each of the care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 85% of patients on the asthma register had their care reviewed in the last 12 months. This was above the CCG average of 76% and the national average of 75%.
- Performance for diabetes related indicators was slightly below the CCG and national averages. The practice achieved 82% of the points available compared to the CCG average of 91% and the national average of 89%. We found the practice was aware of its performance in this area and the reasons for this. Where the practice was able to influence its performance in this area it had taken steps to rectify this.
- The practice had reviewed its approach to identifying and recording patients at risk of certain long term conditions to better monitor their care. The practice had increased the amount of patients identified as being at risk of diabetes from zero in August 2015 to 194 in August 2016. Of those, 126 were offered a test to ensure they were not developing diabetes.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- 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 GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who may be at risk. Immunisation rates were comparable with other practices in the local area 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 in the 2014/2015 year was 64%, which was considerably below the CCG average of 83% and the national average of 82%. We found the practice was aware of its performance in this area and was proactive in increasing uptake among its patients. The practice had targeted the promotion of cervical screening at those eligible patients not yet screened. This resulted in an increase in the practice's uptake rate for cervical screening to 74% in the 2015/2016 year.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and their children.
- A range of contraceptive and family planning services were available.

Good



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

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

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

Good





# Summary of findings

- There was additional out of working hours access to meet the needs of working age patients. There was extended opening one day each week on varying days until 9pm for GP appointments and 8.30pm for healthcare assistant appointments. There was also no lunchtime closure at the practice every day from Monday to Friday.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There were 33 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 21 (64%) had accepted and received a health review in the past 12 months.
- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- Additional information was available for patients who were identified as carers and there were two nominated staff leads for these patients.
- The practice had identified 265 patients on the practice list as carers. This was approximately 3.3% of the practice's patient list. Although the total number of carers receiving an annual health review was low.

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

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

Good



- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG and national average of 85%.

# Summary of findings

- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 91% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- An NHS counsellor was based at the practice every Tuesday morning. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs.
- There was a GP lead for mental health and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with local and national averages with some areas of above and below average performance. There were 365 survey forms distributed and 95 were returned. This was a response rate of 26% and represented approximately 1% of the practice's patient list.

- 80% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 75% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 84%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards. We also spoke with six patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were professional, polite, caring and friendly and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

There was a mixed response from the patients we spoke with about access to appointments. Three patients we spoke with said getting an appointment was fairly easy and three said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good. Of the 28 patients who left comments for us, three said access to appointments was good and three said there could be a considerable wait to see a GP when making a pre-bookable appointment.

# Upton Road Surgery

## 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 acting as a specialist adviser.

## Background to Upton Road Surgery

Upton Road Surgery provides a range of primary medical services from its premises at Ground floor, Colne House, 21 Upton Road, Watford, Hertfordshire, WD18 0JP.

The practice serves a population of approximately 7,956. The area served is slightly less deprived compared to England as a whole. The practice population is mostly white British with a considerable South Asian community and some Central and Eastern European communities. The practice serves an above average population of those aged from 0 to 4 years and 25 to 49 years. There is a lower than average population of those aged 50 years and over.

The clinical team includes three female GP partners, one female salaried GP, two practice nurses, one healthcare assistant, one healthcare assistant/receptionist combined role and one phlebotomist/receptionist combined role. (A phlebotomist is a specialised clinical support worker who collects blood from patients for examination). The team is supported by a practice manager and eight other administration and reception staff (including two in combined roles). The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the doors and phone lines open from 8.30am to 6.30pm Monday to Friday. There is no

lunchtime closure at the practice. There is extended opening one day each week on varying days until 9pm for GP appointments and 8.30pm for healthcare assistant appointments. Appointments are available from 9am to midday and 3.30pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 24 August 2016. During our inspection we spoke with a range of staff including three GP partners, two practice nurses, the practice manager and members of the reception and administration team. We spoke with six patients. We observed how staff interacted with patients. We reviewed 28 CQC comment cards left for us by patients to share their views and experiences of the practice with us.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident 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 and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following a prescribing error the practice reviewed and amended its policy and procedures to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe. However, this relied on individual action rather than a practice wide discussion and response.

### Overview of safety systems and processes

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

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for

further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding who was trained to the appropriate level. Staff demonstrated they understood their responsibilities and had received training relevant to their roles. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).

- However, we found the practice did not have a protocol in place to ensure they reviewed any patient aged 16 years or under who did not attend a scheduled hospital appointment. This included completing a safeguarding assessment on those individuals. Senior staff took immediate action on this during our inspection to ensure the practice adhered to national safety guidance.
- A notice in the reception area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. Both of the practice nurses were the infection control leads. There was an infection control protocol in place and an infection control audit was completed in March 2016. Although the audit was fully completed, the action plan in place to respond to any concerns raised was basic and lacked detail. However, we saw evidence that some action was taken to address any improvements identified as a result. A programme of infection control training was in place and most staff had completed this, although some staff were overdue the training. Despite this, all of the staff we spoke with were knowledgeable about infection control processes relevant to their roles. However, some staff were unclear who the practice's infection control leads were.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistants were trained to administer vaccines against a patient specific prescription or direction from a prescriber.

- Processes were in place to ensure patients prescribed higher risk medicines were monitored and reviewed at the required intervals. The practice had a shared care agreement in place with a secondary care provider for patients receiving Warfarin (an anticoagulant medicine used to reduce the risk of blood clots forming). As part of this, the results of patients' international normalised ratio (INR) blood tests were uploaded to a shared information system ready to be viewed by GPs at the practice. We found that GPs at the practice had sight of the blood test results before prescribing Warfarin as required to the appropriate patients. However, they did so without always recording sight of the results for each patient on the practice's own patient record system. Similarly, when patients prescribed higher risk medicines were not attending for monitoring reviews, the reasons for this were not always documented.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the practice manager's office which identified local health and safety representatives. We saw the health and safety policy required updating, although the main areas of training and responsibility

were detailed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. As a tenant in a shared building, various premises wide issues were dealt with by the property management service. We saw the management service had completed fire and Legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and regular water temperature checks. The practice monitored this work and adhered to any recommendations made. The practice participated in a building wide fire drill in July 2016.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency. The consultation and treatment rooms also contained a separate emergency alarm system.
- All staff had received basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. These were checked and tested.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use. The plan was last reviewed in July 2016. However, since then one arrangement had changed and the plan required a further update. This change did not significantly affect the practice's ability to respond to emergencies and major incidents.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- However, despite NICE best practice guidelines suggesting that women aged 35 years or over who smoke should not be prescribed the contraceptive pill, there were five such patients at the practice.
- By using such things as risk assessments and audits the practice monitored that these guidelines were followed.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results showed the practice achieved 93% of the total number of points available, with 4% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice's overall exception reporting was lower than the CCG average of 8% and the national average of 9%. We found the practice's exception reporting was consistently lower than local and national averages across all QOF areas. Data from 2014/2015 showed;

- Performance for diabetes related indicators was slightly below the CCG and national averages. The practice achieved 82% of the points available with 6% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting. We discussed this area of slightly below CCG and national average

performance for the 2014/2015 year with senior clinical staff during our inspection. We found the practice was aware of its performance in this area and the reasons for this, most of which were beyond its control. Where the practice was able to influence its performance in this area it had taken steps to rectify this.

- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 87% of the points available, with 3% exception reporting, compared to the CCG and national average of 84%, with 4% exception reporting.
- Performance for mental health related indicators was similar to the CCG and national averages. The practice achieved 91% of the points available with 5% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Clinical audits demonstrated quality improvement.

- We looked at four clinical audits completed in the past two years. Most of these were full cycle (repeated) audits or part of a full cycle programme (scheduled to be repeated) where the data was analysed and clinically discussed and the practice approach was reviewed and modified as a result when necessary.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check their adherence with NICE guidelines when monitoring patients with suspected heart failure. This involved measuring a particular substance in the bloodstream of those patients and taking the appropriate action when high levels were indicated. By analysing the results and modifying its approach to the management of these patients, the practice increased the amount of patients receiving the appropriate test from 5% to 100%. The relevant patients were referred appropriately.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. It covered such topics as infection prevention and control, health and safety, fire safety and confidentiality.



# Are services effective?

## (for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- The learning needs of staff were identified through a system of training needs assessments, appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis. At the time of our inspection the system of appraisals for non-clinical staff was behind schedule. However, all those staff yet to receive a full appraisal had received a training needs assessment.
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Most of the training was provided by the use of an e-learning facility or in-house on a face-to-face basis.

### 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 shared information systems.

- 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 services 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, when they were referred, or after they were discharged from hospital. We saw evidence that

multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available. However, in some of the cases we looked at only basic details of the doctors' discussions with patients before obtaining consent were recorded.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from one of the healthcare assistants.

The practice's uptake for the cervical screening programme in the 2014/2015 year was 64%, which was considerably below the CCG average of 83% and the national average of 82%. We discussed this area of below CCG and national average performance for the 2014/2015 year with senior clinical staff during our inspection. We found the practice was aware of its performance in this area and was proactive in increasing uptake among its patients. The practice had targeted the promotion of cervical screening at those eligible patients not yet screened. This resulted in an increase in the practice's uptake rate for cervical screening to 74% in the 2015/2016 year.

There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice

## Are services effective? (for example, treatment is effective)

demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. 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 consequence of abnormal results.

Bowel and breast cancer screening rates were below local and national averages. Data published in March 2015 showed that:

- 40% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG and national average of 58%.
- 61% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 98% and five year olds from 86% to 93%.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children, people with long-term conditions and those over 65 years. The practice had 685 patients aged over 65 years. Of those 515 (75%) had received the flu vaccination in the 2015/2016 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. 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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

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

The 28 patient Care Quality Commission comment cards we received were positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a good service and staff were professional, polite, caring and friendly and treated them with dignity and respect.

Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed most patients felt they were treated with compassion, dignity and respect. The practice was a mix of below and above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 90% said the GP gave them enough time (CCG average 88%, national average 87%).
- 99% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 78% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 85% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 90% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

We discussed the below CCG and national average satisfaction scores with senior staff during our inspection. They were aware of the practice's below average satisfaction scores for GP and nurse care and concern. We were told the practice was in the early stages of initiating a system for clinical staff to supervise each other's consultations and give open and honest feedback about their approach to patient interaction.

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

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

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

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 84% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

Notices in the patient waiting area informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 265 patients on the practice list as carers. This was approximately 3.3% of the practice's patient list. Of those, 12 were invited for and two (less than 1%) had accepted and received a health review

## Are services caring?

in the past 12 months. We spoke with senior staff about the low uptake of health reviews by carers. They told us that the past year's priority was to increase the amount of carers identified from 49 in January 2016 and this was a success with a fivefold increase in the amount of carers identified. They said that therefore most of the carers had been identified for less than a year and that this year's focus would be to complete carer health reviews.

A dedicated carers' notice board in the waiting area provided information and advice including signposting carers to support services. Information was also available

online (through the practice website) to direct carers to the various avenues of support available to them. Two members of non-clinical staff were the practice's carers' leads (or champions) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. A non-clinical member of staff sent the recently bereaved a condolence card.

# 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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- 79% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was similar to the CCG and national average of 85%.
- 85% of patients on the asthma register had their care reviewed in the last 12 months. This was above the CCG average of 76% and the national average of 75%.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and an annual review. At the time of our inspection, 159 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 33 patients on the practice's learning disability register at the time of our inspection. Of those, all were invited for and 21 (64%) had accepted and received a health review in the past 12 months.
- Home visits were available for older patients and patients who would benefit from these.
- There were named GPs for each of the care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as a limited range of those only available privately. Patients were referred to other clinics for most vaccinations only available privately.

- There were accessible toilet facilities for all patients, a hearing loop was provided and translation services including British Sign Language (BSL) were available. The practice was located on the ground floor of a multi-occupancy building with an accessible main entrance and automatic doors to the practice.
- The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms.
- There were six week post-natal checks for mothers and their children.
- Counselling services were available for patients with mental health issues and there was a GP lead for those patients. An NHS counsellor was based at the practice every Tuesday morning. Patients could access this service to obtain psychological and emotional counselling and advice through referral from the GPs. Patients were referred as required to mental health trust well-being workers based elsewhere.

### Access to the service

The practice was fully open (phones and doors) from 8.30am to 6.30pm Monday to Friday. There was no lunchtime closure at the practice. There was extended opening one day each week on varying days until 9pm for GP appointments and 8.30pm for healthcare assistant appointments. Appointments were available from 9am to midday and 3.30pm to 5.30pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them. The practice's appointments system was weighted towards short term (up to two days in advance) and on the day release appointments.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was mostly similar to local and national averages with one exception.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 80% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).

# Are services responsive to people's needs?

## (for example, to feedback?)

- 42% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 62%, national average 59%).

There was a mixed response from the patients we spoke with about access to the practice and appointments. Three patients we spoke with said getting an appointment was fairly easy and three said getting an appointment in advance could be difficult. However, those patients said access to urgent and same day appointments was good. Of the 28 patients who left comments for us, three said access to appointments was good and three said there could be a considerable wait to see a GP when making a pre-bookable appointment.

We discussed the below CCG and national average satisfaction score with senior staff during our inspection. They were aware of the practice's below average satisfaction score for patients being able to see or speak with the GP they preferred. The staff we spoke with said that most patients at the practice preferred to be seen quickly and this was why the practice's appointments system was weighted towards short term (up to two days in advance) and on the day release appointments. They said that in these circumstances it was not always possible to book a patient with their preferred GP, but that staff tried their best whenever possible to accommodate patients' preferences.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

### Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.
- There was a designated responsible person who handled all complaints in the practice. This was the practice manager.
- We saw that information was available to help patients understand the complaints system. The practice's complaints procedure was detailed on its website and in the practice leaflet and was displayed near the reception area.

We looked at the details of 10 complaints received since November 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. For example, following a complaint about the side effects of a medicine not being fully explained to the patient, the GPs reviewed and amended their approach to discussing potential side effects with patients. This was to prevent recurrence of the incident and ensure patients could make a fully informed decision about taking their medicines.



# 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 statement of purpose detailing its aims and objectives. These included providing the best quality service for patients through effective collaboration and teamwork and ensuring staff had the right skills and opportunities to provide good care. The practice aimed to support continuity of care, respect patients and involve them in decisions about their care.
- The weekly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. Some of the main areas of strategic focus of the practice in the past year were an increase in the identification of patients who were carers and in the uptake rate for the cervical screening programme.

### Governance arrangements

The practice had an overarching 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. All of the staff we spoke with were clear on the governance structure in place.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

The provider had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected safety incidents:

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

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

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.
- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with respiratory conditions, chronic kidney disease, learning disabilities, mental health issues and dementia. There was also a combined GP and nurse led clinic for patients with diabetes. The leads showed a good understanding of their roles and responsibilities and with the exception of infection control all staff knew who the relevant leads were.

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

# Are services well-led?

Good 

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

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

The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and complaints received. Although the PPG had not met since 2015, it had previously submitted proposals for improvements to the practice management team and there was evidence those proposals were acted on. At the time of our inspection the PPG was running as a virtual group, but was still active with a dedicated NHS email address for the members to use. During June and July 2016 the practice was successful in recruiting new members to the group which was also in the early stages of forming its own committee of four members.

The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients to feedback on the services that provide their care and treatment. The results from January to April 2016 showed that of the 17 respondents, 14 were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

We saw there was an online comments facility for patients to use accessible through the practice website. Any comments and suggestions made were reviewed by the practice manager.

The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had reviewed its approach to identifying and recording patients at risk of certain long term conditions to better monitor their care. The practice had increased the amount of patients identified as being at risk of diabetes from zero in August 2015 to 194 in August 2016. Of those, 126 were offered a test to ensure they were not developing diabetes. Identification of patients at risk of chronic obstructive pulmonary disease increased from zero in August 2015 to 39 at the time of our inspection. Three of those patients were referred for further tests.