

Dr Leonard Jacob

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?

Requires improvement 

Are services effective?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Leonard Jacob on 10 November 2015. 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.
- Not all risks to patients were assessed and well managed in relation to health and safety matters and recruitment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to complain was not readily available.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- 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 was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice was proactive in ensuring patients received vaccinations and health screening and demonstrated high rates of uptake. For example, the practice's uptake for the cervical screening programme in 2014/15 was 96%, which was significantly higher than the local Clinical Commissioning Group (CCG) average of 82.5% and the national average of 81.8%. Childhood immunisation rates for the vaccinations given were significantly higher than CCG and national averages. For example, they had achieved 100% of childhood

Summary of findings

immunisation rates for the vaccinations given to under two and under five year olds. Flu vaccination rates for 2013/14 for the over 65s were 77.78% and at risk groups 70.12%. These were also above national averages. The practice had achieved a 98% response rate for health checks for patients aged 40 years plus compared to local CCG rates of 70%.

The areas where the provider must make improvement are:

- An infection prevention and control (IPC) risk assessment had not been completed and there were shortfalls in the management of IPC.
- Records of the vaccine storage fridge temperatures did not record reasons for the increase in temperature above the recommended limits and the actions taken to ensure the quality and effectiveness of medicines.
- The recruitment policy and procedure did not include requirements for references and DBS checks and appropriate recruitment checks had not been undertaken prior to employment.

- The fire risk assessment did not identify all areas of risk and fire escape routes were not fully marked with signs to indicate the exit route.

The areas where the provider should make improvement are:

- Procedures should be reviewed to ensure the GP has signed the Patient Group Directions (PGD) to allow nurses to administer medicines.
- The lack of provision of oxygen on the premises for use in an emergency situation should be reviewed.
- Records were not maintained to evidence all the training the staff had completed.
- Oxygen was not available for use in emergency situations.
- Curtains were not provided in all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Information about the complaints procedure was not displayed in the practice.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

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

Requires improvement



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safeguarded from abuse.
- Not all risks to patients were assessed and well managed in relation to health and safety matters and recruitment. For example:
- An infection prevention and control (IPC) risk assessment had not been completed and there were shortfalls in the management of IPC.
- Records of the vaccine storage fridge temperatures did not record reasons for the increase in temperature above the recommended limits and the actions taken to ensure the quality and effectiveness of medicines.
- The recruitment policy and procedure did not include requirements for references and DBS checks and appropriate recruitment checks had not been undertaken prior to employment.
- The fire risk assessment did not identify all areas of risk and fire escape routes were not fully marked with signs to indicate the exit route.
- Oxygen was not available for use in emergency situations.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- 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 however; records were not maintained to evidence all the training the staff had completed.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Summary of findings

- The practice was proactive in ensuring patients received vaccinations and health screening and demonstrated high rates of uptake. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group (CCG). For example, the practice's uptake for the cervical screening programme in 2014/15 was 96%, which was significantly higher than the CCG average of 82.5% and the national average of 81.8%. Childhood immunisation rates for the vaccinations given were significantly higher than CCG and national averages. For example, they had achieved 100% of childhood immunisation rates for the vaccinations given to under two and under five year olds. Flu vaccination rates for 2013/14 for the over 65s were 77.78% and at risk groups 70.12%. These were also above national averages. The practice had achieved a 98% response rate for health checks for patients aged 40 years plus compared to local CCG rates of 70%.

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Curtains were not provided in all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about the complaints procedure was not displayed in the practice.

Are services well-led?

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

- It 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.
- The registered 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 knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on.

Good



Summary of findings

The six population groups and what we found

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

Older people

The practice is rated 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice was proactive in ensuring patients received vaccinations and health screening and demonstrated high rates of uptake. Flu vaccination rates for 2013/14 for the over 65s were 77.78% and at risk groups 70.12%. These were above national averages.

Good



People with long term conditions

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

- Nursing staff had the lead role in chronic disease management and patients at risk of hospital admission were identified as a priority. Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



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 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.
- The practice was proactive in ensuring patients received vaccinations and health screening and demonstrated high rates of uptake. For example, the practice's uptake for the cervical screening programme in 2014/15 was 96%, which was

Good



Summary of findings

significantly higher than the CCG average of 82.5% and the national average of 81.8%. Childhood immunisation rates for the vaccinations given were significantly higher than CCG and national averages. For example, the practice had achieved 100% of childhood immunisation rates for the vaccinations given to under two and under five year olds.

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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 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. The practice had achieved a 98% response rate for health checks for patients aged 40 years plus compared to local CCG rates of 70%.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told 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.

Good



Summary of findings

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).

- 100% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those living with dementia.
- It carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 shows there were 328 survey forms distributed for Dr Leonard Jacob and 107 forms were returned. This is a response rate of 32.6% and represents 7.1% of the practice population. Results showed a high level of patient satisfaction compared to local and national averages.

- 100% found it easy to get through to this surgery by phone compared to a CCG average of 73.2% and a national average of 73.3%.
- 98.6% found the receptionists at this surgery helpful (CCG average 86.6%, national average 86.8%).
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 84.1%, national average 85.2%).
- 91.8% said the last appointment they got was convenient (CCG average 93.3%, national average 91.8%).

- 94.8% described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 84.4% usually waited 15 minutes or less after their appointment time to be seen (CCG average 69.4%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received. Patients commented very positively on the friendliness and helpfulness of the staff. They said they could always get an appointment and said they received excellent care and treatment.

We spoke with five patients during the inspection. All these patients said that they were very satisfied with the care they received and thought that staff were approachable, committed and caring. Patients told us the staff were always willing to help and they were well supported by all the staff.

Dr Leonard Jacob

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was accompanied by a GP specialist advisor.

Background to Dr Leonard Jacob

The Dr Leonard Jacob practice, also known as Thryberg Surgery, is situated within a terraced property in Wath on Dearne, Rotherham.

The practice provides General Medical Services (GMS) for 1,500 patients in the NHS Rotherham Clinical Commissioning Group (CCG) area.

There is one male GP, a practice manager, practice nurse, senior receptionist and receptionist.

The practice reception hours are 8.30am to 6.30, surgery hours are 9am to 11am and 4.30pm to 6pm, Monday to Friday.

Out of hours services are provided by Care UK. The practice telephone transfers patients to this service when the practice is closed. A walk-in centre is available at Rotherham Community Health Centre

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

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the registered 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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 November 2015. During our visit we:

- Spoke with the GP, practice nurse practice manager and reception staff and spoke with five patients who used the service. We also spoke with a visiting health professional.
- Observed the interactions between staff and patients and talked with carers and/or family members
- Reviewed the personal care or treatment records of patients.
- Reviewed 33 CQC comment cards where patients and members of the public had shared their views and experiences of the service.'

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

- The practice carried out a thorough analysis of the significant events.
- Near miss events were also recorded as significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, where a pharmacy had dispensed an incorrect medicine this had been reported to the pharmacy and the medicine management committee at the local Clinical Commissioning Group (CCG). The incident was also discussed in team meetings.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and are told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep people safe and safeguarded from abuse, although we found shortfalls in some areas:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. The staff had also completed training in child exploitation in response to

recent local concerns. The GP and nurse were trained to Safeguarding level three. Alerts were used on patient records to identify children who were on the child protection register.

- Staff who acted as chaperones told us they had been trained for the role by the GP and had attended a training event although there were no records to support this. There was a policy and procedure to support staff in this role. Staff who acted as chaperones had received a disclosure and barring check (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 good standards of cleanliness although there were shortfalls in some areas of infection prevention and control (IPC). We observed the premises to be clean and tidy. Cleaning schedules were in place and regular checks were made to ensure standards were maintained. The practice nurse was the infection control clinical lead and there was an infection control protocol in place although there was no IPC risk assessment. The last infection control audit had been undertaken in November 2014, this was a basic audit and no shortfalls were identified. We were told that reception staff had not completed any formal infection control training although they were able to describe some areas the nurse had covered with them, such as the use of the spill kit. The nurse told us they had attended a practice nurse forum training event where IPC training had been provided but there were no records to support this. We saw that sharps bins in one consulting room were not all dated to show when they came into use and indicate when they should be disposed of. Paper towels in one consulting room were not held in a dispenser but were loose on the side of the sink, under the soap dispenser, which may create a risk of cross contamination. The pull cord for the light in the patient's toilet was dirty. Some chairs in the waiting room were fabric and could not be easily cleaned. The bins in the patient and staff toilets had touch opening lids rather than foot pedal operated which may create an IPC risk.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice

Are services safe?

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. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation although these had not been signed by the GP. We saw that records were maintained for monitoring the vaccine fridge temperatures. We saw that on a couple of occasions the temperatures were recorded as above the recommended storage temperature of 8 degrees centigrade. The nurse told us that this had occurred when they had been restocking the fridge. However, records of the reasons for the increase in temperature and of any actions taken to ensure the quality and effectiveness of medicines were not maintained.

- The staff group was small (five including the GP) and all but one member of staff had been employed for a number of years. We reviewed the mostly recently recruited member of staff personnel file and found that appropriate recruitment checks had not been undertaken prior to employment in August 2015. For example, full employment history and proof of identification had not been obtained. Two references had been obtained although not from the person's previous employer. Evidence of a check through the Disclosure and Barring Service (DBS) had been obtained but this was from the previous employer and was dated March 2011. We also looked at the personnel file for the locum GP the practice used occasionally. The copy of their indemnity insurance was out of date and there was no evidence that they had checked their professional registration between periods of employment. We saw that other staff employed at the practice had DBS checks in place. The recruitment policy and procedure did not include requirements for references and DBS checks to support a robust recruitment procedure and ensure compliance.

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 although risk assessments were not used routinely to ensure all risks were identified and managed. The practice had basic

fire risk assessments but these did not identify all areas of risk such as the step outside the rear fire door which would create a hazard to a person with limited mobility or those in wheelchairs. The practice carried out regular fire drills, although the manager said these should be done weekly this regularity had not been achieved consistently. Evacuation procedures had been practised and emergency lighting was regularly checked. We saw that the fire escape routes were not fully marked with signs to indicate the route. Due to the issues we identified the practice manager told us they would contact the local fire officer for advice. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The GP had commenced future planning to ensure the service would be maintained on his retirement.

Arrangements to deal with emergencies and major incidents

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

- The GP and nurse had received annual basic life support training and other staff had last received this in 2012. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises. Oxygen was not provided. The National Resuscitation Council, in line with current resuscitation guidelines, emphasises the use of oxygen, and this should be available whenever possible. The GP told us they would review this and look to provide oxygen in future.
- There was a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a basic 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 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 clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 published results 2013/14 showed the practice had achieved 99.6% of the total number of points available, with 3.3% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2013/14 showed;

- Performance for diabetes related indicators was 98.7% better than the CCG, 87.7% and national average 90.1%.
- The percentage of patients with hypertension having regular blood pressure tests was 89.91%, better than the national average of 83.11%.
- Performance for mental health related indicators was 92.5%, better than the CCG, 91.7%, and national average, 90.4%.

Clinical audits demonstrated quality improvement and information about patients' outcomes was used to make improvements

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, a re-audit of patient records looking at the

assessment of patients who had suffered a fall showed they had significantly improved the identification of risk factors and had ensured 100% of patients had received the appropriate tests and medicine reviews.

Patients we spoke with told us that they received excellent and effective care and due to the flexible nature of the practice they were seen promptly and received the treatment they required. They said because the staff knew them they received the care they needed. One person told us the practice nurse monitored their attendance for treatment and prompted them to attend or provided treatment opportunistically when they attended for other reasons. They said the reception staff always seemed to be able to identify when they required intervention even if they had just called for a repeat prescription and they encouraged them to see a clinician. They told us that their mental health had improved due to this approach. When patients attended, if it was identified during their appointment they also required GP or nurse interventions, this would be provided during the same appointment whenever possible.

Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. There was a small staff team who had worked for the GP for many years with the exception of a recently recruited receptionist.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding and fire safety. This was supported by regular meetings to review progress during an initial three month probationary period.
- 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 were told competency checks had also been completed for the health care assistant to take bloods although this was not recorded.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. Staff had had an appraisal within the last 12 months.



Are services effective?

(for example, treatment is effective)

- Staff told us they had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. They said they received training at the monthly practice training events. The practice manager did not maintain an overview of training to enable them to monitor who had completed which training and when. They said they were able to monitor this informally as it was such a small team and they all completed the training together. Although staff told us they had access to training, records were not always available to evidence this particularly where they had attended local CCG training events.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that 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 had received training and understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

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 diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme in 2014/15 was 96%, which was significantly higher than the CCG average of 82.5% and the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were significantly higher than CCG and national averages. For example, the practice had achieved 100% of childhood immunisation rates for the vaccinations given to under two year olds and five year olds. Flu vaccination rates for 2013/14 for the over 65s were 77.78% and at risk groups 70.12%. These were also above national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Staff told us they had achieved a 98% response rate compared to local CCG rates of 70%. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

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

- Curtains were not provided all consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. The practice manager told us that one of the rooms without a curtain was used for examination of expectant mothers. They said they hadn't provided a curtain as there was no curtain rail.
- We noted that consultation and treatment room doors were closed during consultations and that 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 33 patient CQC comment cards we received were positive 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.

We also spoke with five patients They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards and discussions with patients highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88.7% said the GP was good at listening to them compared to the CCG average of 89.4% and national average of 88.6%.
- 94.4% said the GP gave them enough time (CCG average 88.2%, national average 86.6%).
- 100% said they had confidence and trust in the last GP they saw (CCG average 95.7%, national average 95.2%)

- 85.8% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- 95.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.7%, national average 90.4%).
- 98.6% said they found the receptionists at the practice helpful (CCG average 86.6%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 on the comment cards we received was also positive and aligned with these views.

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

- 92.6% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86.7% and national average of 86.0%.
- 87.3% said the last GP they saw was good at involving them in decisions about their care (CCG average 82.6% national average 81.4%)

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.

Patient and carer support to cope emotionally with care and treatment

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

Written information was available to direct carers to the various avenues of support available to them. One patient who was also a carer told us how they had been supported by the practice. They said the GP had completed home

Are services caring?

visits on request. They said the GP had visited their relative on discharge from hospital to check medicines and had discussed the medicine changes with the carer to ensure they understood the new regime.

Same day appointments were available for patients requiring palliative care and alerts on patient records identified these patients for staff.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The GP had special interest in cardiology and respiratory conditions and provided advanced medical services in these areas for the practice and other local practices.
- The practice provided initiation of anti-coagulation treatment and ongoing monitoring of patients receiving this medicine.
- Patients with anxiety and depression were managed at the practice and a member of staff from the community mental health team provided a clinic once a week.
- There were longer appointments available for people with a learning disability and for those with mental ill health and dementia.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had worked closely with the travelling community which had enabled a patient to engage with a treatment plan to meet their needs.

Access to the service

The practice reception hours are 8.30am to 6.30, surgery hours are 9am to 11am and 4.30pm to 6pm, Monday to Friday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations were also available for people that needed them. The GP and nurse collaborated with each other and try to see patients on the same appointment to reduce the need for the patient to make another appointment.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and

treatment was significantly higher than local and national averages. 81.5% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.5% and national average of 74.9%.

- 100% patients said they could get through easily to the surgery by phone (CCG average 73.2%, national average 73.3%).
- 94.8% patients described their experience of making an appointment as good (CCG average 73.1%, national average 73.3%).
- 84.4% patients said they usually waited 15 minutes or less after their appointment time (CCG average 69.4%, national average 64.8%).

People told us on the day that they were able access the practice easily by phone and could get appointments when they needed them. They said the service was flexible and responsive to their needs.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that brief information was available to help patients understand the complaints system within the practice information leaflet which was provided to patients on registering with the practice. However, this did not include information on how to escalate the complaint and was not displayed in the practice.
- When asked the staff could locate the complaints procedure on the electronic records system but said they did not have any information to give to patients. They told us they would ask patients who wished to complain to put this in writing to the manager.

We found there was a high level of patient satisfaction with the service and staff confirmed they received very few concerns or complaints. We looked at the one complaint received in the last 12 months and found this was satisfactorily handled. This had been investigated by the manager, an apology had been given to the patient and the issues had been discussed with staff in a team meeting and separately with the member of staff involved.

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 strategy and supporting business plans which reflected the vision and values and were regularly monitored. Staff knew and understood the values.
- The GP had engaged in planning for their retirement and was working to merge with another local practice. They had also consulted with patients about the merger.

Governance arrangements

This practice was managed by a single handed GP assisted by the practice manager. The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This 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.
- A programme of clinical audit which was used to monitor quality and to make improvements.
- There were arrangements for identifying and managing risks relating to health and safety. For example, equipment checks were in place and policies and procedures and staff training were provided. However, the risk assessment processes required improvements to ensure all risks were identified.

Leadership, openness and transparency

The registered provider had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised high quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

The registered provider was aware of and complied with the requirements of the Duty of Candour. The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure notifiable safety incidents were acted upon.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

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

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

- The practice did not have a patient participation group due to a lack of interest from patients. The practice monitored feedback via the NHS friends and family test and National GP survey results which were all positive. They had actively sought patient feedback on the planned merger.
- The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and told us they felt involved and engaged to improve how the practice was run.

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 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>Systems and processes to assess, monitor and mitigate risks to patients health and safety were not adequate because:</p> <ul style="list-style-type: none">• An infection prevention and control (IPC) risk assessment had not been completed and there were shortfalls in the management of IPC. For example, not all staff had completed any formal infection control training. Sharps bins in one consulting room were not all dated to show when they were provided and guide when they should be disposed of. Paper towels in one consulting room were stored loose on the side of the sink, under the soap dispenser, which may create a risk of cross contamination. The pull cord for the light in the patient's toilet was dirty. Some chairs in the waiting room were fabric and could not be easily cleaned. The bins in the patient and staff toilets had touch opening lids rather than foot pedal operated. 12(2)(h)• Records of the vaccine storage fridge temperatures did not record reasons for the increase in temperature above the recommended limits and the actions taken to ensure the quality and effectiveness of medicines. 12(2)(g)• The fire risk assessment did not identify all areas of risk such as the step outside the rear fire door which would create a hazard to a person with limited mobility or those in wheelchairs and the action to take to mitigate those risks. Fire escape routes were not fully marked with signs to indicate the route. 12(2)(a)(b)
Regulated activity	Regulation
Diagnostic and screening procedures Maternity and midwifery services	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p>

Requirement notices

Surgical procedures

Treatment of disease, disorder or injury

Checks that staff were of good character where not adequate because:

- The Full employment history and proof of identification had not been obtained for one member of staff. Two references had been obtained although not from the person's previous employer. Evidence of a check through the Disclosure and Barring Service (DBS) had been obtained but this was from the previous employer and was dated March 2011. 19(1)(a)
- There was no evidence that the professional registration of the locum GP had been checked between periods of employment and that medical indemnity insurance was current. 19(1)(b)
- **The recruitment policy and procedure did not include requirements for references and DBS checks and appropriate recruitment checks had not been undertaken prior to employment. 19(2)**