

# Church Street Practice

## 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 Church Street Practice on 11 October 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and 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 proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The area where the provider should make improvement is:

- Continue to monitor and ensure actions are taken to improve patient satisfaction with access to routine appointments and answering of the reception telephones.
- Ensure that infection control standards are reviewed and maintained and that staff toilet facilities have hot water.

**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.

Good



- 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.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- Comprehensive advice and signposting to a number of organisations that provided patient support was displayed in the waiting room alongside a patient information screen which provided health promotion advice.
- 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.

Good



- Practice staff 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. For example, the practice took part in a local social prescribing initiative. This is where patients with non-medical issues, such as financial debt or loneliness, could be referred by a GP to a single hub for assessment to find which alternative service might be of benefit.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The practice nurse consultant implemented a chronic obstructive pulmonary disease service and had set up a 'Breathe Easy Support Group' for patients locally. (COPD is the name for a collection of lung diseases, including chronic bronchitis and emphysema).
- Patients can access appointments and services in a way and at a time that suits them. Patients could also request to be seen at a time preferable to them outside of generic clinic slots. However, patients advised that they often had to wait at least four weeks for a routine appointment with a named GP.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at an alternative local practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had secured new premises which had been purpose built and they were aiming to relocate by the end of 2016.
- The practice GPs visited four local care homes on a fortnightly basis to see patients and carry out annual reviews, medication reviews and end of life planning.
- The care home staff had received training to enhance patient care which was delivered by practice staff.

# Summary of findings

- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young patients under 25).
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met those needs. For example, the practice employed a practice pharmacist to support optimal medicines management for patients.
- The practice held weekly sexual health drop in clinics for young patients. (A Department of Health initiative to encourage young people to utilise a friendly health service and has a set of criteria that health services must to meet to be accredited). Patients who used this service did not have to be registered at the practice.
- 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.

## 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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

**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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in influenza, pneumococcal and shingles immunisations.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The practice visited four local care homes on a fortnightly basis to see patients and carry out annual reviews, medication reviews and end of life planning.
- All patients over the age of 75 were invited or were visited by a GP for a comprehensive assessment, including long term chronic disease management, assessment for frailty and dementia screening, and individualised personal care planning.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and ran the following clinics: diabetes, asthma and chronic obstructive pulmonary disease (COPD). Longer appointments of 30 minutes were given for those clinics. Patients at risk of hospital admission were identified as a priority.
- Performance in 2014/15 for overall diabetes related indicators was 90% which was below the clinical commissioning group (CCG) average of 95% and above the national average of 89%.
- Diabetes was managed by a dedicated team at the practice with some of the practice nurses and a GP who had expertise in this area. Six monthly reviews with the nursing team were carried out with referral on to a GP if needed. All patients in this group were invited to an annual retinal screening appointment.
- Longer appointments and home visits were available when needed.

# 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 GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- 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 patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 91% which was above both the clinical commissioning group (CCG) average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A midwife team held clinics at the surgery once a week.
- The practice held weekly sexual health drop in clinics and had received a "You're Welcome" award in recognition of the service they provided to young patients. (A Department of Health initiative to encourage young people to utilise a friendly health service and has a set of criteria that health services must to meet to be accredited). These patients did not have to be registered at the practice to be seen .
- We saw positive examples of joint working with midwives, health visitors and school nurses, multi-disciplinary meetings attended by community staff were held every six weeks.
- The practice offered a family planning and sexual health service with a fully qualified sexual health nurse and a GP with specialised interest in women's health and family planning who assessed patient need, initiated treatments and offered on going monitoring of all family planning and sexual health needs.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of working-age patients (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.
- Extended hours appointments were available on Tuesday and Thursday evenings for working age patients to attend outside of working hours.
- The practice offered telephone consultations for all patients which was useful for working age patients.
- Patients were invited either to hypertension annual screening, or if aged over 40, patients were invited for a vascular health screening assessment.

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Patients and carers were invited to attend an annual review with a practice nurse who was experienced in learning disability and mental health assessments.
- The practice offered longer appointments for patients with a learning disability and 91% of these patients on their register had received an annual health check and 81% had a written care plan in 2015/16.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice held quarterly multi-disciplinary meetings with the health visitor to discuss at risk children.



# Summary of findings

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

Good



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

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months (2014/15), which was above both the clinical commissioning group (CCG) average of 86% and the national average of 84%.
- Overall performance for mental health related indicators in 2014/15 was 100% compared to the CCG average of 97% and national average of 82%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice hosted a weekly clinic led by a mental health gateway worker.
- The practice carried out advance care planning for patients with dementia. Patients were invited to attend a specialised clinic for an annual review with a nurse. This clinic helped manage patients with complex care needs including dementia, frailty or multiple long term conditions.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and twenty-two survey forms were distributed and 111 were returned, a completion rate of 50% (which represents 0.85% of the patient population).

- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a clinical commissioning group (CCG) average of 89% and a national average of 85%.
- 86% of patients described the overall experience of this GP practice as good compared to a CCG average of 89% and a national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to a CCG average of 83% and a national average of 78%.

- However, 65% of patients found it easy to get through to this practice by phone compared to a CCG average of 83% and a national average of 73%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Staff were described as kind, considerate and caring. Patients commented on the excellent service they had received from all staff members at the practice and advised that they felt listened to. There were seven comment cards, which although were mainly positive, also had negative feedback. Of these seven comment cards, five related to difficulty in obtaining a routine appointment with a named GP within four weeks.

We spoke with 14 patients during the inspection who said they were satisfied with the care they received and thought staff were professional, committed and caring.

# Church Street Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector who was supported by a GP Specialist Adviser, a second CQC Inspector, a CQC Registrations Inspector and an Expert by Experience.

## Background to Church Street Practice

Church Street Practice is a long established GP practice, it is currently located on the west side of Tewkesbury town centre.

At the time of our inspection, we were informed that new purpose built premises were almost ready for the team to relocate to by the end of 2016. The practice is wheelchair accessible with automatic doors.

The practice provides general medical services to approximately 13,100 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice has six GP partners and four salaried GPs (six female and four male) which is equivalent to seven and a quarter whole time equivalent GPs. The clinical team include a nurse consultant, three nurse practitioners, five practice nurses, one health care assistant and a pharmacist (all female). Five members of the nursing team are nurse

prescribers. The practice management team supporting the GPs comprises of a practice manager, two assistant practice managers, and a large administration and reception team.

Church Street Practice is an approved training practice for a range of professionals including GP registrars, nurses, paramedics and student nurses.

The general Index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the third least deprivation decile. The prevalence of patients with a long standing health condition is 66% compared to the local CCG average of 55% and the national average of 54%. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score. Average male and female life expectancy for the practice is 79 and 85 years, which is comparable to the national averages of 79 and 83 years respectively.

The practice is open between 8am and 6.30pm on Monday to Thursday and 8am to 4pm on Friday. Between 4pm and 6.30pm on Fridays telephone calls are answered within the practice and diverted to the duty GP if necessary. Appointments are available between 8.30am to 12pm in the morning and 3pm to 5.50pm in the afternoon. Extended surgery hours are also offered on Tuesday and Thursday evenings each week between 6.30pm and 8pm.

Out Of Hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following address:

Church Street Practice,

# Detailed findings

77 Church Street,  
Tewkesbury,  
Gloucestershire,  
GL20 5RY.

This is the first inspection of Church Street Practice.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 October 2016. During our visit we:

- Spoke with a range of staff including five GPs, three members of the practice management team, two administration team members, five members of the nursing team and a practice pharmacist.
- We spoke with 14 patients who used the service and three members of the patient participation group.
- Observed how patients were being cared for and talked with carers and family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example a patient was offered a vaccine and the benefits of the vaccine were explained, the patient advised that they had not received this vaccine before and consented to treatment. Once the vaccine had been administered, the nurse noted from the patient's notes that it had previously been. This was immediately reported by the practice nurse and investigated at practice level. The nurse contacted the manufacturer immediately to confirm any risks or potential side effects and was informed that this would not harm the patient or compromise the immune response. The patient was contacted the same day, informed of the incident and offered an apology. The practice reiterated the importance of following procedures and checking the patients' medical records prior to administering vaccines at subsequent nurse and target meetings.

### 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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding children and a lead for safeguarding vulnerable adults. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, nurses, health care assistant and managers were trained to child protection or child safeguarding level three. The remainder of the practice team were trained to child safeguarding level one or two.
- A notice in the waiting room and in treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring 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 observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We noted that a staff toilet in the practice did not have hot water. Following our inspection the practice informed us that they had placed a 'do not use' sign on the door, discussed with the team and were now using alternate toilets.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

- The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition the practice employed a practice pharmacist to monitor and advise GPs and nurses on prescribing trends and carry out medicines reviews.
- 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. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment). Health care assistants were trained to administer vaccines and medicines against a patient specific prescription (PSD). (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, 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 in the

practice which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recently published results were 97% of the total number of points available. We noted that exception reporting overall was 12% which was above both the clinical commissioning group (CCG) average of 10% and the national average of 9%. The high exception reporting was investigated further by the GP specialist advisor during the inspection, they looked into the clinical care and measures to taken to complete reviews for these patients and found the care to be appropriate. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was below the CCG average of 95% and above national average of 89%.
- Performance for mental health related indicators was 100% which was above both the CCG average of 97% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 15 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, following an atrial fibrillation (AF) audit, 15% of patients on the AF register were identified as requiring action. The practice followed up with these patients and when the second audit was carried out none of the patients on the register showed as requiring action or follow up.

Information about patients' outcomes was used to make improvements such as: implementing a 'basics' patient template to ensure that comprehensive medical records were created and maintained for all patients. The templates were devised with an ability to add further templates for specific conditions which included frailty scoring and dementia screening. This allowed the practice to look at multiple conditions on one appointment.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. The practice had funded and supported staff to complete training including sexual health, asthma, triage, leadership and management, and prescribing training.
- Five of the practice nurses were prescribers and two of the practice nurses had received Queen's recognition of nurse awards for services implemented at the practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

Staff 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and counselling. Patients were signposted to the relevant service and could be referred to social prescribing. Social prescribing was a CCG initiative whereby patients with non-medical issues, such as financial debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.
- Smoking cessation advice was available from the practice nurses.

The practice's uptake for the cervical screening programme was 81%, which was comparable to both the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 72%, which was below the CCG average of 77% and comparable to the national average of 72%. The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 62% which was comparable to the CCG average of 63% and above the national average of 58%.



## Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccines given were comparable to CCG averages during 2015/16 for vaccines given to under two year olds. They ranged from 93% to 100% compared to CCG averages of 90% to 96%. Childhood immunisation rates for the vaccines given to five year olds ranged from 89% to 98%, which was comparable to the CCG averages of 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. There were seven comment cards, which although were mainly positive also had negative feedback. Out of these, five related to difficulty in obtaining a routine appointment with a named GP within four weeks. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards 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 comparable to clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

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

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

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

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

## Are services caring?

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 285 patients as carers (2% of the practice list). The practice had a carers' information folder, a carers information board and displayed carers information on the education screen in the waiting room. Carers were offered annual health checks and could be referred to social prescribing. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting patient'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. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as financial debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

- The practice offered extended hours from 6.30pm to 8pm on Tuesday and Thursday evenings for working patients who could not attend during normal opening hours. Each GP also had bookable telephone appointments available to improve access for patients unable to attend the practice.
- There were longer appointments available for patients with a learning disability and patients who were carers.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at a local practice. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Weekly meetings took place that included discussions of hospital admissions, hospital discharges and palliative care patients.
- The GPs visited four local care homes on a fortnightly basis to see patients and carry out annual reviews, medication reviews and end of life planning. In addition to this the practice nurse visited the care homes twice a year and carried out full patient assessments.
- Practice staff delivered training to care home staff in dementia, frailty and delirium.
- The practice was a C-card centre (a scheme designed to increase the access and availability to free condoms and chlamydia screening for young people under 25).
- The practice held weekly sexual health drop in clinics and had received a "You're Welcome" award in recognition of the service they provided to young patients. (A Department of Health initiative to encourage young people to utilise a friendly health service and has a set of criteria that health services must meet to be accredited). These patients did not have to be registered at the practice to be seen.
- The practice employed a practice pharmacist for 37.5 hours a week to support optimal medicines management for patients. Patients who were not taking medicines as prescribed were identified and contacted by the pharmacist and invited for a review. Changes to medicines following discharge from hospital were reviewed and the patient contacted to ensure they understood their new medicines and regimes. Collaborative working with hospital colleague's ensured care was individualised.
- The nurse consultant set up a 'Breathe Easy Support Group' for patients living locally, which met once a month. This was a support group that had been running for seven years for patients with respiratory conditions. Meetings included educational talks on topics such as hypertension and COPD and also social events such as pantomime excursions.
- The practice had implemented an education programme for patients newly diagnosed with respiratory conditions. This involved a six week education programme which included breathing exercises to clear the chest, dietary advice, regular exercise and patients were given stepometers to monitor exercise.

### Access to the service

The practice was open between 8am and 6.30pm on Monday to Thursday and 8am to 4pm on Friday. Between 4pm and 6.30pm on Fridays telephone calls were answered within the practice and diverted to the duty GP if necessary. Appointments were available between 8.30am to 12pm in the morning and 3pm to 5.50pm in the afternoon. Extended surgery hours were also offered on Tuesday and Thursday

# Are services responsive to people's needs?

(for example, to feedback?)

evenings each week between 6.30pm and 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%. The practice had recognised that this was lower than the local and national average and had restructured staffing, to add another receptionist to the phone answering team during peak periods.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Although we were informed of difficulty in obtaining a routine appointment with a named GP within four weeks.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw information was available to help patients understand the complaints system and there were complaint leaflets in the waiting area and details were also available on the practice's website.

We looked at three complaints received in the last 12 months and found that all complaints were dealt with in a timely manner, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends, and action was taken to as a result to improve the quality of care. For example, following a complaint from a patient unhappy with receiving test results by text message, the practice apologised to the patient and updated their records to annotate that they did not wish to receive results by text message. This was discussed and minuted at a practice meeting where the practice reviewed their procedures.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### 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:

- Within the last 18 months this practice had taken over the management and operation of two local services therefore the staffing structure was in the process of being redeveloped to ensure optimum performance. Staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in hard copy and electronically on the shared drive.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners and the management team in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and practice management team were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held six weekly target team meetings that the full team were invited to attend.
- The nurse consultant implemented and led regular nurse forum meetings where nurses from two local practices were invited and educational training occurred and speakers were invited. At a previous meeting the topic of eating disorders was discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted team away days were held annually.
- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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 had gathered feedback from patients through the patient participation group (PPG) and through surveys

# Are services well-led?

Good 

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

and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, following a PPG led patient survey, it was identified that telephone access was the most preferred way of booking an appointment and that there was a high number of calls received. PPG members were supportive of any initiative to reduce telephone traffic in order to make telephone access to appointments as easy as possible. The following improvements were implemented: the practice reviewed their website to provide as much information as possible on line and to promote electronic booking for those who prefer this method. The practice also requested that the appointments software provider look at making test results available to patients when they log in. The PPG informed us that they felt communication between the PPG and the practice could be improved.

- The practice had 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 management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

- The practice took part in a local social prescribing initiative. This is where patients with non-medical issues, such as financial debt or loneliness, could be referred by a GP to a single hub for assessment to find which alternative service might be of benefit.
- The practice participated in a CCG led initiative called Choice Plus which allowed additional emergency slots to be available for patients to be seen at a local practice. The appointments were triaged at the practice and available under strict criteria, this resulted in greater emergency appointment availability for patients of the practice.
- The practice had funded and supported staff to complete training including sexual health asthma, triage and prescribing training.
- Practice nurses provided dementia, frailty and delirium training for staff at local care homes.
- The practice employed a practice pharmacist to support optimal medicines management for patients.
- The practice was a teaching and training practice and provided placements for GP registrars, nursing and medical students. The practice had been selected to provide training and mentoring for GP registrars who required additional support.