

# Eastholme Surgery

## Quality Report

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Date of inspection visit: 9 November 2016  
Date of publication: 07/12/2016

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

### Ratings

Overall rating for this service		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 Eastholme Surgery on 9 November 2016. Overall the practice is rated as good.

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

- The practice had moved location within the last nine months from an older property to a nearby new modern facility. This had created a few challenges both in the logistics before and after the move. However, the staff team confirmed they now felt more settled.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- Personalised patient centred care reflecting the different needs of patient population groups was evident in all aspects of the practice's work.
- The practice provided both urgent and pre-booked appointments each day. The practice manager monitored patient demand to ensure all those who requested an urgent appointment were either seen or spoken to by a GP.
- 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.
- 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.
- Evidence was available that demonstrated the practice complied with the Duty of Candour requirement.

# Summary of findings

The areas where the provider should make improvement are:

- Improve the quality of recording meeting minutes to clearly identify the issues discussed, the actions agreed and to provide a template to monitor and review progress.
- Undertake the planned Disclosure and Barring Service (DBS) checks for all staff undertaking the role of chaperone.
- Obtain references for locum GPs used at the practice.
- Develop a policy and protocol for responding to medical emergencies to support the staff's existing knowledge.
- Develop and implement a plan for continued quality improvement and clinical audit.
- Continue to promote, develop and facilitate a patient reference group to include patients who do not have access or skills to use IT.

**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



- Significant events and incidents were investigated and areas for improvement identified and implemented. The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on thorough analysis and investigation.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received truthful information, support 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 managed although a written protocol for responding to medical emergencies was not available and procedures for maintaining prescription paper securely needed strengthening.

### 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 consistently 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, although a planned programme of audit and re-audit would strengthen the practice's clinical governance.
- Weekly GP meetings and monthly clinical meetings were undertaken, where patient's health care needs were reviewed, alongside the performance of the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff received mandatory and role specific training. Staff said they felt supported by the management team.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

# Summary of findings

## 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.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients' comments provided examples of the personal support they received from the GPs, for example coping with chronic health conditions, end of life care and at times of bereavement.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Staff were committed and trained to provide good customer care.

## 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. The practice participated in the local neighbourhood complex care multi-disciplinary team.
- 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.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Home visits to review patients who were housebound and had a long-term conditions were undertaken.
- The practice had the facilities and was well equipped to treat patients and meet their needs. The practice changed the location of consultations to meet patient's needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. However the the practice had recently changed locations and this had presented a number of challenges.
- Staff were clear about the vision and their responsibilities in relation to it and were supported by a clear leadership structure.
- Staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 a virtual group and contact was usually maintained through email.

# 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.

Good



- 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 on the day appointments and home visits for those with enhanced needs.
- Planned weekly visits to a local care home were undertaken by the GPs. This provided continuity of care.
- Palliative care meetings were held every second month and community health care professionals such as the district nurse and Macmillan nurse attended these.

### People with long term conditions

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

Good



- The practice performed similarly or better than the local and national averages in the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2015/16.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long term conditions.
- Longer appointments and home visits were available when needed.
- All 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 people.

Good



- 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 comparable to the Clinical Commissioning Group (CCG) rates for all standard childhood immunisations.

# Summary of findings

- The practice held meetings every second month to review patients considered at risk or with a child protection plan in place.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours.
- Quality and Outcome Framework (QOF) 2015/16 data showed that 77% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG and England average of 75%.
- The practice's uptake for the cervical screening programme was 80%, which was slightly below the CCG and the national average of 81%.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible surgery times including later evening appointment from 6.30pm until 7.30pm on Monday, Tuesday, Thursday and Friday with a GP. A health care assistant was available Monday evenings between 6.30pm and 7pm and the practice nurse was available until 7pm on Thursdays. Pre-bookable telephone consultations were also available.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.

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.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Data from 2015/16 showed that 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the Clinical Commissioning Group (CCG) average of 85% and the England average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 92% and the England average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing similarly to local and national averages. A total of 251 survey forms were distributed, and 103 were returned. This was a return rate of 41% and represented approximately 2% of the practice's patient list.

- 85% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 83% and the national average of 78%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards, all of which were extremely positive about the standard of care received. Each comment card described the practice, GPs and reception staff as being responsive, caring and willing to listen.

We spoke with four patients at the inspection and three patients the following day by telephone. All were extremely complimentary about the quality of care they received from the GP and their comments reflected the information we received from the CQC comment cards. Patients said they could get appointments when needed, that GPs provided care and treatment that focused on them and their familial situation and they were fortunate to have such a good GP practice. We heard examples of how GPs had supported patients with long term health issues, mental health needs, bereavement and end of life care.

The practice had a patient reference group (PRG) and contact was usually by email. One person we spoke with confirmed they were part of the patient reference group and another patient said they would like to be involved in the practice but were not confident in using electronic media such as emails and wondered if the practice could extend the patient reference group by providing information in paper format and by post. The practice's patient participation group application form was available on the practice website. This asked patients for their preferred method of contact and choices included in person or by email.

## Areas for improvement

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

- Improve the quality of recording meeting minutes to clearly identify the issues discussed, the actions agreed and to provide a template to monitor and review progress.
- Undertake the planned Disclosure and Barring Service (DBS) checks for all staff undertaking the role of chaperone.
- Obtain references for locum GPs used at the practice.
- Develop a policy and protocol for responding to medical emergencies to support the staff's existing knowledge.
- Develop and implement a plan for continued quality improvement and clinical audit.
- Continue to promote, develop and facilitate a patient reference group to include patients who do not have access or skills to use IT.

# Eastholme Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Eastholme Surgery

Eastholme Surgery, 32 Heaton Moor Road, Stockport, SK4 4NX is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical services (GMS) contract with NHS England. The practice confirmed they had 4810 patients on their register.

The practice is a registered partnership between two female and one male GP. The practice employs a practice manager, one practice nurse, one health care assistant as well as reception and admin staff. The practice also has the part time services of a pharmacist. The practice is a GP training practice.

Information published by Public Health England rates the level of deprivation within the practice population group as six on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Male life expectancy is 78 years, which slightly below the England and CCG average of 79 years. Female life expectancy reflects the CCG and England average of 83 years.

The practice moved in February 2016 into its current location, which is a new purpose built facility GP practice. Within the practice building is another larger GP practice and the owners of this neighbouring practice are the owners of the whole building.

Eastholme surgery is situated towards the rear of the building and is on the ground floor. There are two areas with a few steps and low-rise platform lifts are available for those people who would struggle with steps or use mobility aids.

The practice reception was open from 8.00am until 6.30pm Monday to Friday. GP consultations were available each morning from 8am until 11.40am on Mondays, Tuesdays, Thursday and Fridays and in the afternoons from either 2pm or 3pm until either 4.30 or 5.30pm. Later evening appointments were provided on Monday, Tuesday, Thursday and Friday evenings between 6.30pm and 7.30pm. A health care assistant is available Monday evenings between 6.30pm and 7pm and the practice nurse is available from 6.30pm until 7pm on Thursdays. Pre-bookable telephone consultations are also available.

Pre-bookable appointments were also available at weekends at the Out of Hours provider Mastercall located in Hazel Grove.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

## 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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 November 2016.

During our visits we:

- Spoke with a range of staff including three GPs, the practice manager, a practice nurse, a health care assistant, four admin/ receptionists and the first year foundation trainee GP.
- Spoke with four patients on the day of the visit and three patients by telephone the day after the visit.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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 manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports and patient safety alerts. GPs and nurses we spoke with provided examples of significant events and the action taken as the result of analysis. Minutes of meetings provided evidence that significant events were discussed. However the recording of the discussions was not always sufficiently detailed to provide clarity on the outcome of these or enable a quick look back review to ensure agreed actions had been implemented.

### 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 to safeguard children and vulnerable adults from abuse were established. 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. The practice had two GP leads for safeguarding, one for children and one for adults. All GPs were trained children's safeguarding to level 3, had received training in adult safeguarding and had attended seminars regarding the national 'Prevent' anti-terrorism strategy.

(Prevent is part of the government strategy which aims to safeguard vulnerable people from being radicalised to supporting terrorism or becoming terrorists themselves).

- The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. They monitored children identified at risk on their patient register and liaised with health visitors and school nurses. Staff we spoke to demonstrated they understood their responsibilities in relation to safeguarding adults and children and had received training appropriate to their role. The practice nurse was trained in children's safeguarding to level 2.
- Notices displayed at the practice advised patients that chaperones were available if required. Staff who acted as chaperones were trained for the role, however non clinical staff did not have a Disclosure and Barring Service (DBS) check in place. (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). A risk assessment was in place that stated that staff undertaking the role of chaperone were always under the direct supervision of a clinician, reducing potential risks to the patient. However, a DBS check for all staff who undertook the role of chaperone would further mitigate the potential risks to patients. The practice manager confirmed just after the inspection that the application process for DBS checks had commenced for all staff with responsibility for this role.
- The property owners ensured the practice was cleaned and maintained. The practice monitored the standards of cleanliness and hygiene and reported any issues and concerns. We observed the premises to be modern, clean and tidy. The infection control clinical lead 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. For example, an infection control audit had been undertaken in September 2016 by the local authority infection prevention nurse. This identified some areas

## Are services safe?

for improvement including the correct use of sharps bins for different types of clinical waste. We saw evidence that action had been taken to improve the practice's infection control procedures.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. In addition, the practice had employed a pharmacist for approximately ten hours per week to support the GPs with patient medicine reviews and discharge medicines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use, although records of prescription numbers did not fully reflect the guidance provided by the NHS Business Service guidance. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and health care assistants were trained to administer vaccines against a patient specific direction from a prescriber.
- We reviewed three 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. We also reviewed two recruitment files for the regular locum GPs used by the practice. These contained the required information except for references. The practice manager said she would address this.
- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

### 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. The practice property owner had supplied the practice with the building fire risk assessment and regular fire alarm checks were undertaken. 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 copies of other risk assessments in place for the premises such as asbestos 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 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 clinical staff received annual basic life support training and there were emergency medicines available in the treatment room. All staff spoken with were knowledgeable about how to respond to medical emergencies however, a specific protocol was not available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a 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 recent published results from 2015/16 were 99.3% of the total number of points available with a rate of 8.5% exception reporting for all clinical indicators. The rate of exception reporting was slightly higher than the 7.2% average for the Clinical Commissioning Group (CCG) and lower than the England average rate of 9.8%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had achieved good QOF results for 2015/16 given the challenge they had had with the logistics of moving location both before and after the move. Issues included for example lengthy waits for decisions to be made to support the practice's move, resulting in the restrictions to the practice's forward planning and immediately after the move the flooding of the basement at the new location, which was a designated secure storage area. During this time the practice had managed to continue to provide services to patients.

This practice was not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2015/16 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 82%, compared to the CCG average of 80% and the England average of 78%.
- The record of diabetic patients with a blood pressure reading 140/80mmHG or less recorded within the preceding 12 months was 72%, which was lower than the CCG average of 81% and the England average of 78%.
- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 89%, which was higher than the CCG average of 85%, and the England average of 80%.
- 94% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average and the England average of 88%.

Other data from 2015/16 showed the practice performance was similar to local and England averages. For example:

- 85% of patients with hypertension had their blood pressure measured in the preceding 12 months and was less than 150/90 mmHg compared to the CCG average of 83% and the England average of 82%.
- 77% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG and the England average of 75%.
- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was lower than the CCG average of 85% and the England average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was slightly higher than the CCG average of 92% and the England average of 89%.

There was evidence of quality improvement including clinical audit.

- There were also a number of first cycles of clinic audits available, including a review of joint injections, a review of cancer diagnosis, and demand for long acting reversible contraception. There was only one audit and re-audit of patients with high blood pressure and chronic kidney disease; however the first two cycles were undertaken in 2012 and 2013, with a further similar

# Are services effective?

## (for example, treatment is effective)

audit undertaken in October 2016. A schedule of a clinical audit and re-audit would enable the practice to monitor the effectiveness of the actions implemented following the initial audit.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice was working with the CCG and participated in schemes to improve services to patients. For example, GPs had received training in dermatology and been provided with a dermascope (an instrument to study skin lesions in more detail). The aim of this was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions. The practice had audited how effective the additional training and use of the dermascope had been during a three month period. The analysis of the audit showed that one patient out of six seen had been referred to secondary care for suspected skin cancer.
- The practice had also recently commenced monitoring patients referred to secondary care within the NICE criteria for a maximum of two week wait for a referral. The log recorded the date of the referral and the date the patient was seen by a secondary care doctor.

### Effective staffing

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

- The practice had a stable staff team. We saw there was an induction training programme for all newly appointed staff. One newer staff member told us about the induction training they received and they explained they felt supported.
- The practice could demonstrate how it ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources, discussion at practice meetings and attendance at regular training updates.

- 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. The staff team were actively encouraged and supported with their personal development.
- The practice was a GP training practice and was participating in a pilot scheme which supported and assisted with the training of first year foundation training GPs. Feedback from the trainee GP was wholly positive and we were provided with examples on how the GP partners had facilitated the development of the trainee GP's skills and experience.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance.

### 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 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 regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

### 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 and Deprivation of Liberty Safeguards (DoLS).



# Are services effective?

(for example, treatment is effective)

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

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice's uptake for the cervical screening programme (2015/16) was 80%, which was just below the CCG and the national average of 81%. For patients who did not attend appointments for cervical screening the practice sent out up to three letters and offered telephone reminders to encourage their attendance for cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred because of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was similar or slightly better than the CCG and England average.
- Childhood immunisation rates for the vaccinations given in 2014/15 were comparable to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65% to 85% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 82% to 87% compared to the CCG range of 85% to 92%.
- Data supplied by practice for their flu vaccination rates to date for 2016 showed that they were on track to meet their targets.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–70. 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 demonstrated that they knew the patients attending the surgery. They provided examples where they had made the GP or practice manager aware of patients whose needs were more urgent and arrangements made to ensure these patients were seen quickly.
- Reception staff were also responsive to patients who wanted to discuss sensitive issues or appeared distressed; they could offer them some privacy to discuss their needs.

We received six CQC comment cards, all of which were extremely positive about the standard of care received. Each comment card described the practice, the GPs and reception staff as being responsive, caring and willing to listen.

We spoke with four patients at the inspection and three patients by telephone the day after the inspection. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards. Patients provided examples of how the GPs had provided individual support with mental health problems, care of the dying, bereavement and long term conditions. We heard about how the practice had respected patient's wishes to be seen in a consultation room nearer to the main entrance and how the practice had contacted a patient proactively to apologise for the standard of service they had received.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similarly to the Clinical Commissioning Group (CCG) and England averages. Results showed patients felt that they were treated with compassion, dignity and respect. For example:

- 93% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England 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 89% and the England average of 85%.
- 92% 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 the England average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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.

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. We were told that 2% of the patient population had a care plan recorded and examples of these were available.

Results from the national GP patient survey showed patients' responses were similar to or better than the averages for the CCG and England. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 81% 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 England average of 82%.

## Are services caring?

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- A sign language service could be arranged if required for patients with a hearing impairment.

### **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 GPs were very knowledgeable about the needs of patients and their individual circumstances. Patients we spoke with provided different examples of this. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers, which was just under 2% of the practice population. 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, the GP was very supportive and we were provided with examples of where the GP had visited people at home to provide personal support.

# 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. For example, the practice had been in negotiation for a number of years with NHS England and the CCG to secure new practice premises. This had proved challenging and involved lengthy waits for decisions to be made to support the practice with the move to its current location.

- The practice offered later evening GP appointments on Mondays, Tuesdays, Thursdays and Fridays. Both the practice nurse and health care assistant were available until 7pm on Thursdays and Monday evenings until 7pm respectively.
- There were longer appointments available for patients with a learning disability or special health care need.
- GPs visited housebound patients with a long term condition to carry out regular monitoring and review.
- The practice provided care and treatment to patients living in a local care home. Planned weekly visits were undertaken to the care home. This reduced the number of requests by the care home for home visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- In collaboration with Age UK Patients upon reaching their 70th birthday were sent a self-assessment to identify any unmet health or social care need.
- The practice was working with the CCG and participated in schemes to improve services to patients. For example, GPs were able to assess skin lesions with a dermascope, without having to send the patient to the local hospital.
- One GP was trained in the removal of cervical polyps and this service was about to be offered at the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday. GP consultations were available each morning from 8am until 11.40am on Mondays, Tuesdays, Thursday and Fridays and in the afternoons from either 2pm or 3pm until either 4.30 or 5.30pm. Later evening

appointments were provided on Monday, Tuesday, Thursday and Friday evenings between 6.30pm and 7.30pm. A health care assistant was available Monday evenings between 6.30pm and 7pm and the practice nurse was available from 6.30pm until 7pm on Thursdays. Pre-bookable telephone consultations were also available.

The practice offered a mix of urgent, on the day appointments and pre-bookable appointments. One doctor was the designated 'duty' doctor for the morning or afternoon surgery and they responded to requests for urgent appointments, urgent telephone consultations and home visits.

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was better than the local and national averages.

- 85% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 85% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.
- 96% said the last appointment they got was convenient compared to the CCG average of 93% and England average 92%

People told us on the day of the inspection that they could always see a GP if they needed to.

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.

The practice had received four complaints since January 2016 and one complaint in 2015. We reviewed the three complaints and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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's stated aim was to provide "Personalised, effective, and high quality General Practice services committed to the health needs of all its patients".

- The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was very good.
- The GP partners had good insight and awareness of the challenges facing the practice. These included the lengthy wait for approval and permission to move to the new location and then following the move the subsequent adaptation to changes in the environment and changes in routines along with the general anxieties for patients and staff coping with these changes.
- The practice held weekly partner meetings to monitor their performance progress and reflect on the practice vision and values.

### Governance arrangements

The governance framework, which supported the delivery of quality service and care, was informal in that checks on different aspects of the practice were undertaken but these were not always planned or recorded. A recorded practice development or business plan would provide a framework for the practice to monitor progress in achieving planned objectives.

- Practice management specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners promoted inclusive team work. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clinical governance procedures were established and some clinical audits were undertaken. However, a planned programme of clinical audit and re-audit was not established. This would assist the practice to systematically monitor quality improvements in patient outcomes.

- Other audits, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for individuals.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG).

### Leadership and culture

The partners 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 were very 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and an appropriate 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 regular team meetings. A range of meeting minutes were available, although these were not always sufficiently detailed to provide clarity on the outcome of the discussions or enable a quick look back review to ensure agreed actions had been implemented.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

# Are services well-led?

Good 

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

## 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 consulted with patients before they moved premises in February 2016 and results showed that 80% of those that responded were in favour of the move. This questionnaire also sought patient views about on line access for booking of GP appointments and 63% of respondents were in favour of this. The practice manager confirmed that they intended to consult patients again about their views following the move to the new location and new premises.
- The practice also analysed feedback from the Friends and Family test and the practice nurse collected and monitored feedback from patients who had received a spirometry service.
- The practice had a patient reference group. The practice manager confirmed they struggled to get many patients interested in a face to face patient participation group. One patient we spoke with confirmed they were consulted on different aspects of the service. Another

patient spoken with told us they would happily be involved with the patient group but did not use IT and felt that 'paper' questionnaires and information would help them and others participate in the patient group.

- 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 recognised future challenges and opportunities and had plans in place to develop the services they provided.
- The practice was a GP training practice and supported trainee GPs with their additional foundation training.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.