

# Cathedral Medical Group

## 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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Requires improvement</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Good</b>	

# 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 Cathedral Medical Group on 15 March 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. However the practice did not have comprehensive arrangements in place for the safe management of medicines.
- One member of staff and one volunteer had not had the necessary recruitment checks undertaken before employment.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are:

- Ensure all staff have received either a disclosure and barring service check (DBS) or an associated risk assessment.
- Put arrangements in place for the safe management of medicines.

The area where the provider should make improvements is:

- The practice should continue to improve their appointments system and look at ways of improving the emergency appointments system to include seeking advice from outside of the practice.

- Continue to look at ways of reducing the number of patients excepted from Quality and Outcomes Framework (QOF) calculations in line with local and national results.

- Put an action plan in place to help improve the levels of patient satisfaction with the helpfulness of receptionists.

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

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

- 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. However the practice did not have arrangements in place for the safe management of medicines.
- Not all clinical staff had the necessary recruitment checks undertaken before employment.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice ran a weekly leg ulcer clinic for patients requiring complex wound care. We saw evidence of improvements in care and treatment response time for these patients.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.

Good



# Summary of findings

- 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.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice ran a weekly leg ulcer clinic for patients requiring complex wound care. We saw evidence of improvements in care and treatment response time for these patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice ran the Diabetes Year of Care initiative and operated a one stop shop for diabetic patients who were unable to engage in this process.
- Longer appointments and home visits were available when needed.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the clinical commissioning group (CCG) average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



# Summary of findings

- We saw positive examples of joint working with midwives and health visitors. A midwifery clinic was held in the practice every week.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- A team of administration staff from the practice attended the local university fair for first year students every year to encourage them to register and provide them with information on how to access services.

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

Good



## **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).

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Good





# Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- A counselling service was held within the practice.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing below local and national averages. 260 survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 60% of patients found it easy to get through to this practice by phone, which is below the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared which is below the CCG average of 77% and the national average of 76%.
- 73% of patients described the overall experience of this GP practice as good, which is below the CCG average of 86% and the national average of 85%.
- 71% of patients said they would recommend this GP practice to someone who has just moved to the local area, which is below the CCG average of 80% and national average of 79%.

The practice told us they had made changes to the appointments system since the results of this survey were published by having more staff available to answer the

phones during busy times and changing the appointments system so that more urgent appointments were made available. The review of the appointments system was on going.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all very positive about the standard of care received. Patients commented on the friendly and professional approach of the staff and found the appointments system to be convenient for their needs.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. However, there was less satisfaction with the appointments system; patients commented that they could not always get an appointment in advance and that it was difficult to get through by phone to book an urgent appointment. The practice told us they were planning to continue their review of the appointments system.

We reviewed the latest results from the friends and family test in February 2016, which received 4 responses. This showed that 75% of respondents would recommend the practice.

## Areas for improvement

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

- Ensure all staff have received either a disclosure and barring service check (DBS) or an associated risk assessment.
- Put arrangements in place to address the gaps identified for the safe management of medicines.

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

- The practice should continue to improve their appointments system and look at ways of improving the emergency appointments system to include seeking advice from outside of the practice.

- Continue to look at ways of reducing the number of patients excepted from Quality and Outcomes Framework (QOF) calculations in line with local and national results.
- Put an action plan in place to help improve the levels of patient satisfaction with the helpfulness of receptionists.

# Cathedral Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser, a practice manager specialist adviser and a CQC pharmacist.

## Background to Cathedral Medical Group

Cathedral Medical Group is located on Cawley Road in Chichester, West Sussex. The practice provides services for approximately 13,079 patients living within the Chichester area. The practice holds a personal medical services (PMS) contract with NHS England (NHSE). PMS contracts are locally agreed between the NHSE and a GP practice. The practice has relatively large numbers of people over 65 compared to the national average and a higher number of patients aged between 18 and 24. Deprivation amongst children and older people is very low when compared to the population nationally. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services. The practice has an on-site dispensary.

As well as a team of five GP partners and four salaried GPs (three male and six female), the practice also employs eight practice nurses and four health care assistants. It also employs four dispensary staff. A practice manager and a business manager are employed, supported by a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level two doctors and for pre-registration nurses.

The practice is open between 8am and 6pm on weekdays. Extended hours appointments are available to accommodate people who may not be able to attend during normal hours on Mondays from 7am to 8am and from 6.30pm to 8.50pm and on Wednesdays from 6.30pm to 7.30pm. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111. Patients are provided information on how to access this service on the practice website and on the telephone answering message.

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

## 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 25 February 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nursing, pharmacy and administrative team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was 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, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. The practice had recorded and discussed 16 significant events in the last 15 months and had carried out a thorough analysis of each with outcomes clearly documented. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a trainee GP had submitted a referral for a patient incorrectly which meant the patient did not receive a corresponding appointment. This was noticed by a member of the administration team who took action to assure the patient was correctly referred. As a result of this incident the induction for clinical staff was reviewed to include time spent with the administration team who were able to teach GPs and nurses the correct process for referrals.

### 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. 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 were trained to child safeguarding level three. Nurses were trained to child safeguarding level two.

- Notices in the waiting room and in consulting 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)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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.
- The arrangements for managing medicines, including emergency medicines in the practice did not always keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Two vaccine refrigerators were unlocked in an area with public access. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, prescriptions dispensed via the in house dispensary were signed by the GP after the patient had collected the medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body. However, the practice could not provide appropriate checks through the Disclosure and Barring Service (DBS) for one nurse and one health care assistant. (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). All clinical staff require a DBS check to ensure they are of suitable character.
- A volunteer driver provided a medicines delivery service; however, a DBS had not been undertaken and the practice had not performed an associated risk assessment.

### 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 reception office 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.
- The practice employed three administration apprentices who were able to rotate within the administration team according to need. This allowed the practice to manage staff absences and annual leave adequately.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available in the reception area.
- 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.
- 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 were 97.8% of the total number of points available. Data from 2014/15 showed:

- Performance for diabetes related indicators was mixed. Some were similar to, some were lower, and some were above the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 74% which was lower than the CCG average of 80% and similar to the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 93% which was similar to the CCG average of 91% and the national average of 88%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 91% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months which was similar to the CCG average of 90% and the national average of 88%.

- The practice achieved above the national average for their management of patients diagnosed with dementia who had received a face-to-face review within the preceding 12 months, 88% compared to the CCG average of 82% and the national average of 84%.
- The percentage of patients registered with the practice with hypertension having regular blood pressure tests was below the national average at 75% in comparison with the CCG average of 83% and the national average of 84%..
- The exception reporting was significantly higher than average for cancer (51% compared with CCG average of 16% and national average of 7%), asthma (32% compared with CCG average of 16% and national average of 7%), mental health (35% compared with CCG average of 20% and national average of 11%) and rheumatoid arthritis (48% compared with CCG average of 19% and national average of 7%). (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 showed us evidence that they were working to reduce their levels of exception reporting. This included a review of their exception coding procedures and identifying and following up patients who did not respond to invitations for annual reviews of their needs.
- The practice explained that the exception reporting was significantly higher for patients with rheumatoid arthritis due to the high number of patients under the care of a hospital consultant who had chosen not to have routine follow up with the practice.

There was evidence of quality improvement including clinical audit.

- We saw evidence of ten clinical audits which had been completed in the last two years, seven 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, there had been a recent audit on antibiotics prescribing for patients presenting with a sore throat to ascertain whether the practice was



# Are services effective?

## (for example, treatment is effective)

adhering to clinical guidelines. This resulted in feedback and teaching to improve adherence and knowledge of the appropriate treatments. A second cycle was completed which showed improved adherence to prescribing guidelines.

### 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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of 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, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, off site training days 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 two weekly 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet or smoking and alcohol. These services were nurse led.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the Clinical Commissioning Group (CCG) average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its



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

patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 97% (CCG 93% to 97%) and five year olds from 86% to 96% (CCG 89% to 96%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 15 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented on the friendly and professional approach of the staff.

We spoke with four members of the virtual 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.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. However, the results for helpfulness of receptionists at the practice were lower than local and national averages. For example:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the 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 91% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful, which is significantly lower than the CCG average of 88% and the national average of 87%.

The practice had made some changes based on the feedback from this survey including the introduction of a new appointments system. A subsequent patient survey was conducted by the practice which showed some improvements in patient satisfaction. The practice also initiated an action plan in response to the patient comments. For example, more staff were made available to answer the phones during the busy first hour of the day.

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national 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 of 85% and the national average of 85%.

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

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

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

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 257 patients as carers (2% of the practice list). Written information was on display in the waiting room 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 people's needs

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

- The practice offered an extended access clinic 'on Mondays from 7am to 8am and from 6:30pm to 8:50pm and Wednesday evenings from 6:30pm to until 7:30pm for working patients who could not attend during normal opening hours.
- The practice sent out appointment reminders and health promotion information by text message for patients' convenience.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice ran a weekly leg ulcer clinic for patients requiring complex wound care. We saw evidence of improvements in care and treatment response time for these patients.

### Access to the service

The practice was open between 8:30am until 6pm Monday to Friday. Appointments were from 8:30am to 6pm daily. Extended hours appointments were offered at the following times on Mondays from 7am to 8am and from 6:30pm to 8:50pm and on Wednesdays from 6:30pm to 7:30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 64% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 77% and the national average of 78%.
- 60% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and the national average of 73%.

The practice had made changes to their appointments system in response to these results by extending their opening hours and increasing the number of staff available to answer the phones at busy times. A subsequent in house patient survey showed improvement in patient satisfaction and comment cards collected on the day of inspection showed that people were able to get appointment when they needed them. However, two of the patients we spoke with on the day of inspection told us that they were not always able to get appointments when they needed them.

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- Complaints leaflets on display in the reception and waiting room were available to help patients understand the complaints system.

We looked at 27 complaints received in the last 12 months and found that these were dealt with in a timely way and with openness and transparency. Lessons were learnt from

## Are services responsive to people's needs? (for example, to feedback?)

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, a patient complained that she had been booked into three separate clinics to have her annual diabetic review which meant she needed to attend the practice on separate occasions. The nursing team had a system of offering these appointments at the same time

however, after investigation the practice found that some of the reception staff were unaware of this service. The reception team were educated to ensure this did not happen again and the patient was given more suitable appointment times along with a written and verbal apology.

# 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 robust 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:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

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

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

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

- Staff told us the practice held regular team meetings.
- 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 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.
- There was an 'employee of the month' system in place which included commendation from the partners along with a small prize. This was popular among staff who said they found it motivating.

### 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. Information detailing patient comments and feedback results was available for patients to peruse in the waiting room and on the website. Staff told us they were proud of the communication within the practice.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The virtual PPG was involved in patient surveys and submitted proposals for improvements to the practice management team.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through annual appraisals, staff away days and regular team meetings. Staff told us they would not hesitate to give feedback to each other and discuss any concerns or issues with colleagues and management. A very open culture was evident whereby all staff felt they had a voice. Staff also 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.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have arrangements in place to ensure the safe management of medicines. This included:-</p> <ul style="list-style-type: none"><li>• The issuing of medicines prior to prescriptions being signed by the GP</li><li>• Medicines requiring refrigeration were not always stored securely.</li></ul> <p>Regulation12(1), Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was unable to demonstrate that appropriate recruitment procedures were in place to ensure that staff were of good character or had the qualifications, competence, skills and experience which are necessary for the work to be performed by them, and were in good health as specified in Schedule 3.</p> <p>Regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>