

# The Stansted Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to The Stansted Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stansted Surgery on 10 February 2016. Overall the practice is rated as good. This inspection was a follow-up of our previous comprehensive inspection which took place in April 2015 when we rated the practice as inadequate overall. In particular the practice was rated as inadequate for providing safe and well-led services and requires improvement for providing effective, caring and responsive services and was placed into special measures for a period of six months.

After the inspection in April 2015 the practice wrote to us with an action plan outlining how they would make the necessary improvements to comply with the regulations.

The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements to enable the practice to come out of special measures and achieve a rating of good overall. They had responded to the concerns raised and had complied with the requirement notices that we issued and the enforcement action taken.

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.
  - The practice was proactive in the management of long term conditions.
- The practice proactively sought to educate their patients to manage their medical conditions and improve their lifestyles. Additional in-house services were available and delivered by staff with advanced qualifications, skills and experience.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

# Summary of findings

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the Duty of Candour.

I confirm that this practice has improved sufficiently to be rated 'Good' overall. The practice will be removed from special measures.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Staffing levels and skill mix were planned, implemented and reviewed to keep patients safe at all times. Any staff shortages were responded to quickly and adequately.

Staff evidenced to us that they could recognise and respond appropriately to signs of deteriorating health, medical emergencies and environmental risks for example legionella and fire.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Information about patient's care and treatment, and their outcomes, was routinely collected and monitored. This included assessments, diagnosis, referrals to other services and the management of people with chronic or long-term conditions. This information was used to improve care.

- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Clinical audits were demonstrating 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- When people were referred, discharged or transitioned to a new service all information that was needed to deliver their on-going care was appropriately shared in a timely way.

Outcomes for patients who were registered at the practice were positive, consistent and met their expectations.

## Are services caring?

The practice is rated as good for providing caring services. Patients were respected and valued as individuals and were empowered as partners in their care.

- There was a strong, visible, person-centred culture.
- Staff were highly motivated and inspired to offer care that was kind and promoted people's dignity.
- Relationships between people who were registered at the practice, those close to them and staff were strong, caring and supportive. These relationships were highly valued by all staff and promoted by management.
- Patients said they were treated with compassion 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.

Good



## 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. The practice had extended surgery hours in the mornings and afternoons on weekdays. .
- Feedback from patients reported that access to a named GP was not always available. Action plans had been put in place for improvements and these were being monitored.
- Waiting times and delays were minimal and managed appropriately. Services ran mostly on time. Patients were kept informed of any disruption to their care or treatment.
- The practice had good facilities and was equipped to treat patients and meet their needs.

Patients could get information about how to complain in a format they could understand. However, the complaints leaflet was kept behind the reception desk and had to be requested.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- A full and diverse range of views and concerns from patients registered with the practice were encouraged, heard and acted on. Information on patient's experience was reported and reviewed alongside other performance data. The patient participation group was being actively re-established.
- Leaders prioritised safe, high-quality, compassionate care and promoted equality and diversity. Leaders modelled and encouraged cooperative, supportive relationships among staff so that they felt respected, valued and supported.

There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older people reflect current evidence-based practice, and older people had care plans where necessary.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was higher than the CCG and national averages.
- Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages: however the practice had increased uptake by 20% this year.

Good



### People with long term conditions

When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now 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.

Good



# Summary of findings

- Registers were maintained of patients with long-term conditions such as diabetes, COPD and asthma.
- Performance for diabetes related indicators was similar to the CCG and national average. Overall they scored 72 out of 86 points (84%). This was 2% above the CCG average and 5% below the national average.
- Longer appointments and home visits were available when needed.
- GPs had lead role for the management of patients with long-term conditions.
- All patients had a structured annual review to check that their health and medicines needs were being met.

There was a dedicated member of staff who implemented the diabetes programme and co-ordinated the annual review appointments.

## Families, children and young people

When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now 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.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 71% this is slightly lower than the CCG and national figures.
- 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 87%, which was above the national average of 81%.
- Chlamydia testing was offered to all new patients aged 16-24. All clinical staff offered screening opportunistically.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives, health visitors and school nurses.

Good





# Summary of findings

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

Good



When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now 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 such as booking appointments and ordering repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offers extended hours appointments both morning and evenings

The practice runs smoking cessation, weight management and dietary advice clinics and give healthy living advice

## People whose circumstances may make them vulnerable

Good



When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- 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)

When we inspected in April 2015 all population groups were rated as inadequate due to the concerns found in safe and well led. The overall rating from this inspection was inadequate and the practice was placed into special measures for six months. The inspection carried out on 10 February 2016 reflected that the practice had made significant improvements in all population groups including this one. The practice is now rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 87% this was similar to the CCG and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 245 survey forms were distributed and 114 were returned. This represented 47% of the response rate.

- 42% found it easy to get through to this surgery by phone compared to a CCG average of 64% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).

- 54% described the overall experience of their GP surgery as fairly good or very good (CCG average 69%, national average 73%).
- 60% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

We spoke with five patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

# The Stansted Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to The Stansted Surgery

The Stansted Surgery Practice provides primary medical services from 8.30 am to 7pm on Mondays, 7am to 7pm on Tuesday and Wednesday and 8.30am to 6.30pm on Thursday and Fridays. The practice provides medical services to approximately 9,000 patients living in the Stansted area.

The practice has a team of four GP's two female and two male. The GPs are partners meaning they hold managerial and financial responsibility for the practice. In addition, there are two primary care practitioners (primary care practitioners are nurses that have had extensive training and are able to see patients to diagnose treat and prescribe medicines within their remit), three practice nurses and two healthcare assistants. The practice also employs a practice manager, medical secretaries and a team of reception and administration staff.

Patients using the practice also have access to community staff including the community matron, district nurses, community psychiatric nurses, health visitors, counsellors, support workers, health visitors and midwives.

Routine appointments are available daily and may be booked up to six weeks in advance. Urgent appointments are made available on the day and telephone consultations also take place.

The practice provides services to a diverse population age group, in a semi-rural location.

Outside practice opening hours a service is provided by another health care provider by patients dialling the national 111 service. The Partnership of East London Co-operatives Ltd (PELC) provides the out-of-hours GP services based at the community clinic in Dunmow Essex.

The practice was previously inspected in April 2015 and received an overall rating of inadequate and was placed into special measures for a period of six months. Requirement notices and a warning notice were served requiring the provider to take action to improve.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; surgical procedures and maternity and midwifery services at one location.

## 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. This 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

We inspected this service to check if the practice had made improvements from the last inspection carried out in April 2015. The last inspection had rated the practice as inadequate and the practice was placed into special measures for a period of six months.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 February 2016. During our visit we:

- Spoke with a range of staff (GPs, nurses and reception and administration) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- Reviewed 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

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

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

# Are services safe?

## Our findings

### Safe track record and learning

When we inspected the practice in April 2015, we found that the practice did not have adequate systems to identify risks and improve patient safety. The practice did not maintain logs of incidents or near misses and some staff were unaware of reporting procedures.

During our inspection on 10 February 2016 we saw that the practice was able to demonstrate how they maintained patient safety. The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, significant events and national patient safety alerts, as well as comments and complaints received from patients and staff. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. The staff we spoke with were aware of their responsibilities to raise concerns, and knew how to report incidents and near misses.

The practice maintained a record of significant events, incidents and near misses and we saw that they were discussed and analysed during clinical meetings. Staff went through significant events with us including one relating to a prescribing error. We saw that sufficient analysis had been carried and learning from the event discussed.

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

### Overview of safety systems and processes

When we inspected the practice in April 2015 we found that safety systems and processes were not robust enough to ensure patients were safeguarded. Non-clinical staff had not completed chaperone training and did not demonstrate an understanding of chaperoning responsibilities. Some staff performing chaperone duties did not have appropriate disclosure and barring services checks in place to ensure their suitability. Systems were not in place to ensure arrangements for prescribing, recording and handling prescriptions kept people safe; there were

insufficient systems in place to protect patients and staff from the risk of healthcare associated infections including legionella and the areas for improvement identified through infection control audits had not been acted on.

During our inspection on the 10 February 2016 we found that the practice had made improvements;

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. 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 relevant to their role. GPs were trained to level 3 to enable them to manage safeguarding concerns.
- A notice in the waiting room 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead, who had undergone training and 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.
- A formal legionella risk assessment had been undertaken in June 2015. A maintenance log book identified the frequency of water testing. We saw that the weekly, monthly, six monthly and annual tests were being performed and documented.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local area pharmacy teams, to ensure prescribing

## Are services safe?

was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- Two of the nurses had qualified as primary care practitioners and could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- There were processes in place to alert prescribing clerks to high risk medication that required blood tests. They had an effective system in place to ensure blood tests were undertaken when required. All results were reviewed by a clinician.
- We reviewed six 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.
- 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.

### Monitoring risks to patients

When we inspected the practice in April 2015 we found that the practice did not have adequate systems and processes in place to monitor risks to patients. A fire risk assessment had been carried out however the recommendations had not been acted on. There was inadequate fire training or drills undertaken. The provider did not maintain a risk log and risks were not discussed at practice meetings.

During our inspection on 10 February 2016 we found the following:

- 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 that enough staff were on duty

### Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements in place to respond to emergencies and major incidents both in the first inspection in April 2015 and on 10 February 2016.

- 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.
- 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 fit for use.

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

Assessments and treatment of patients was in line with the National Institute of Health and Care Excellence (NICE) current guidelines. The practice had systems in place to ensure all clinical staff had been kept up to date and guidelines from NICE were used to develop how care and treatment was delivered to meet patient needs. For example, the NICE guidance for patients with diabetes was being followed.

The practice had an individualised approach to diabetes care that was tailored to the needs and circumstances of adults with diabetes. They actively took into account the patients personal preferences, comorbidities, risks from polypharmacy, and the ability to benefit from long-term interventions because of reduced life expectancy. Patients' needs and circumstances were actively assessed at each review and decisions made about whether to stop any medicines that were not effective.

We found that the GPs and nurse shared their knowledge and expertise with each other. They referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.

### Management, monitoring and improving outcomes for people

When we inspected the practice in April 2015 they were not undertaking regular audits of clinical or practice outcomes. Staff were not aware or actively involved in how the practice monitored and implemented improvements of patient outcomes.

Our inspection on 10 February 2016 found that the practice had set up an annual programme of continuing clinical audits and had carried out two clinical audits that had identified some quality improvement. A number of practice focused audits had been undertaken and were on going, with actions being implemented, monitored and improvements seen.

- There had been two clinical audits undertaken since our inspection in April 2015, one of these was an audit

where improvement actions had been identified. A referral audit identified high urology referrals so the GPs had arranged for a consultant Urologist to deliver a training session at a clinical meeting.

- The practice manager had identified and commenced several practice focused audits. These included the time patients were kept waiting when there was a need to be seen on the ground floor due to mobility frailty. In the past month the average wait for an appointment downstairs was just under seven minutes longer than the wait upstairs. The results were monitored weekly and any actions identified were cascaded to all staff.

A timetable for 2016 was in place with proposed clinical audits for the year. A policy had been created with the expectation that six clinical audits would be completed annually. The proposed audits were responsive to the needs of the practice and clinicians. They included antibiotic prescribing, as the practice had been identified as being a high prescriber for antibiotics within the CCG. Other audits proposed included reviewing the use of the 'out of hours' service by their patients and an audit on the care and treatment for patients with dementia.

There were processes in place for the effective monitoring of patients with long-term conditions and in vulnerable circumstances;

- The practice maintained registers of patients with long-term conditions such as diabetes and COPD.
- There were lead clinicians for each clinical area.
- There were robust processes in place for patient recall (e.g. diabetes six monthly reviews).
- There was a structured review process for patients that needed it including the elderly and those receiving palliative care.
- There were dedicated longer appointments for patients that needed them.
- Care plans were in place for clinically vulnerable patients.

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 85% of the total number of



# Are services effective?

## (for example, treatment is effective)

points available, exception rate reporting was between 11% to 14% and this was 1% above CCG and national rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the CCG and national average. Overall they scored 72 out of 86 points (84%). This was 2% above the CCG average and 5% below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better to the CCG and national average. The practice achieved 100% and this was 4% above the CCG average and 2% above the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate was 87% and this was similar to the CCG and national averages.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was lower than the CCG and national averages for 2014/2015; however the practice had increased uptake by 20% this year.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months was 71%. This was slightly lower than the CCG and national figures.

The ratio of reported versus expected prevalence of COPD was 1.2 compared to the national average of 0.63. Staff explained that the variation was due to the proactive health checks that identified the disease.

### Effective staffing

When we inspected the practice in April 2015 we found that there was a lack of training for non-clinical staff to undertake chaperone duties. Our visit on 10 February 2016 found that all staff received appropriate training for them to be effective in their roles.

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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 on line resources and discussion at practice meetings.
- Practice nurses were expected to perform defined duties and were able to demonstrate that they were trained to fulfil these. Practice nurses had all received advanced specialist training in asthma, diabetes, coronary heart disease, chronic obstructive pulmonary disease and tissue viability.
- 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 during sessions, one-to-one meetings, appraisals, 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 procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- Administration and office staff had developed their skills in order to perform various tasks within the practice so they were able to cover for sickness, annual leave or if the practice experienced a higher work load in a specific area.

### Coordinating patient care and information sharing

The systems to manage and share the information that is needed to deliver effective care were coordinated across services and supported integrated care for people who

# Are services effective?

## (for example, treatment is effective)

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff 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 nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was demonstrated through records and showed the practice followed published guidance.
- Consent forms were available for patients receiving minor surgery. Care plans we reviewed for patients, such as those with dementia who lacked capacity, had appropriate consent documented.

### Supporting patients to live healthier lives

Staff were proactive in supporting people to live healthier lives through a targeted approach to health promotion and prevention of ill-health, and every contact with a patient was used to do so. The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and dealing with pain and tiredness. Patients were then signposted to the relevant service including the Expert Patients Programme (EPP). This is a six-week course run by tutors who also have a long-term health condition. The purpose of the course was to enable patients to take more control of managing their own health.
- A dietician was available at the surgery who took part in the diabetic reviews. Several staff had training in smoking cessation advice and guidance, was available from a local support group.

The practice's uptake for the cervical screening programme was 87%, which was above the national average of 81%. 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 patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 99% and five year olds from 92% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. 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

Throughout the inspection, we observed staff demonstrating a desire to do the best for patients and this appeared to be integral to the practice team's everyday work.

- 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.
- During our inspection we observed examples where reception staff came to assist patients including assisting a patient who was hard of hearing.

We received only one patient Care Quality Commission comment card it was positive about the service experienced. We spoke with five patients and they said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the recently formed patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

We looked at the results from the national GP patient survey published in January 2016. These results had been aggregated from data collected between January-March 2015 and July-September 2015 while the practice was implementing several changes. The results showed that patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 80% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 65% said the GP gave them enough time (CCG average 83%, national average 89%).

- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 70% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (CCG average 89%, national average 91%).
- 75% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Although some of the GP satisfaction scores were lower than CCG and national average they were between four to nine percent higher than the last survey published in July 2015; the nurses and receptionists scores remain the same. This has demonstrated that the improvements made since our last inspection have had some effect on patient satisfaction.

### 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 on the comment cards we received was also positive and aligned with these views.

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

- 71% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 87%, national average 89%)
- 87% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 90%.

## Are services caring?

- 75% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)

Although some of the satisfaction scores were lower than the CCG and national there was an increase of between five to 20 percent on the GPs responses compared to the last survey. The practice has employed more GPs therefore increasing the number of GP appointments available. However there was a four percent reduction in patients' satisfaction scores for nurses.

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

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

Notices in the patient waiting room told patients how to access a number of support groups, self-help groups, classes and organisations including;

- Domestic abuse
- Citizens advice
- Carer advice for carers of people with a learning disability
- Weight management service
- Flu vaccinations
- Carers association

There was also literature on smoking cessation, dementia, diabetes, meningitis, alcohol consumption, cervical cancer.

The practice's computer system alerted GPs if a patient was also a carer and all known carers were encouraged to register so that they could be invited to attend an annual health check. Written information was available to direct carers to the various avenues of support available to them including how to register as a carer.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered in a way that met the needs of the local population. The importance of flexibility, choice and continuity of care was reflected in the services. The practice engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday, Tuesday, Thursday evening until 7pm on Wednesday and Friday appointments were available from 7am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- 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.
- GP surgeries were on the first floor and could only be accessed using the stairs. Patients with mobility limitations were identified on the practice computerised record system and an electronic alert notified the receptionist that the patient would need to be seen in one of the nurses rooms on the ground floor. The practice manager had audited appointment waiting times and could show that 92%-96% of patients did not wait longer than 10 minutes beyond their appointment time. We viewed the recent results and saw patients did not wait longer than 5 minutes past their allotted appointment time.
- Phlebotomy services were available onsite for all patients.

Guidance was provided for all patients taking certain medicines that could affect their kidney function if they were to become ill or injured. An information leaflet was given to all patients who were taking these medicines.

Patients suffering from asthma were given a fully documented action plan that identified what to do when they had an asthma attack, there was also a child's version that was easy to read.

All patients with potential to develop kidney disease are proactively followed up following identification of risk factor through routine blood testing.

Patients with pre-diabetic fasting blood tests and gestational diabetes were monitored and given early intervention in life style changes to attempt to stop them becoming diabetic.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended surgery hours were offered at the following times on Wednesday and Friday 7am to 8am, on Mondays, Tuesday and Wednesday 6.30pm to 7pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

We looked at the results from the national GP patient survey published in January 2016. These results had been aggregated from data collected between January-March 2015 and July-September 2015 while the practice was implementing several changes; it showed that patient's satisfaction with how they could access care and treatment was below the local and national averages.

- 53% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 42% patients said they could get through easily to the surgery by phone (CCG average 64%, national average 73%).
- 42% patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

People told us on the day of the inspection that it was often difficult to get through on the phone to make appointments when they needed them. This was being closely monitored by the practice manager and they told us they were aware that telephone access was an issue normally between 8.30 to 9.30am. We were shown a recent audit that identified 55% of patients waited less than five minutes to get through to the practice and 6% waited 16 to 20 minutes for a reply.

# Are services responsive to people's needs?

(for example, to feedback?)

The practice did offer extended hours appointments in the morning and evening since April 2015, catering for the working population. The practice did meet the requirements for access specified in the GMS contract and had since October 2015 offered 50% more extended hours services than was commissioned. Additional demand on the day was catered for by an expansion clinic at midday and a practice audit showed 87%- 91% of patients received the appointment of their choice.

The practice has responded to the comments and survey results and had identified and put into place some actions.

- They have employed another two GPs and this had produced more appointment slots.
- They have installed a second phone line.
- The practice manager had audited the percentage of patients that received the appointment they requested and patients who did not attend their booked appointment were monitored monthly. The most recent result was displayed on a notice board showing 87%-91% of patients actually received the appointment they requested.
- Telephone consultations had been used to free up appointment slots.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. All complaints were dealt with

initially by the practice manager and triaged to other staff as appropriate such as a clinical member of staff for a clinical matter. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- Staff demonstrated appropriate knowledge of complaint handling
- Patients we spoke with were not aware of how to make a complaint, but a complaints leaflet was available at reception on request. Since the inspection we have been advised that this is now on display in the reception area.
- Learning from complaints was being cascaded to staff.

We looked at the summary of the complaints received after our last inspection in April 2015. This showed that the practice revisited the learning from complaints and checked that action identified had been taken. We looked at two complaints in detail and found all were investigated thoroughly, dealt with in a timely way and patients received an apology when something had gone wrong. All the responses to complaints we saw were open and honest and contained an explanation of what the practice had done to avoid recurrence. When the complaint was closed the practice manager asked the complainant if they would like to join the PPG.



# 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

When we inspected the practice in April 2015, we found that the practice did not have a strategy for achieving the priorities and delivering good quality care. During our inspection on 10 February 2016 we saw that the practice was able to demonstrate how they were delivering a clear vision and strategy to deliver high-quality care and promote good outcomes for people. We spoke with the partners of the practice and they had a clear picture of how the practice needed to progress and the action they were taking to achieve this.

- The practice had a statement of purpose which outlined how they wanted services to be delivered and how they would achieve this which was displayed in the waiting areas and staff knew and understood the vision and values.
- The practice had developed a robust strategy and supporting business plans which reflected the vision and values and were monitoring it closely. This included succession planning and clear ideas and action in place relating to leadership in the practice both currently and in the future.
- Leadership was inclusive as there were GP meetings that included the salaried doctors.

### Governance arrangements

When we inspected the practice in April 2015, we found that the practice did not have clear governance arrangements. During our inspection on 10 February 2016 we saw that the practice was able to demonstrate how they had developed an effective governance framework, which focused on delivering good quality care. Structures, processes and systems of accountability, including the governance and management of partnerships, joint working arrangements and shared services, were clearly set out, understood and effective.

- 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 has been identified this will monitor quality and to make improvements
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

When we inspected the practice in April 2015, we found that the registered providers did not have the necessary experience, capacity or capability to lead effectively. We identified a lack of clarity about authority to make decisions. During our inspection on 10 February 2016 we saw that the practice was able to demonstrate the leadership team in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The leadership team were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- 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 in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

When we inspected the practice in April 2015, we saw minimal engagement with patients who used the practice, staff or the public. The practice did not respond to

feedback received from patients who used the practice. Staff were not being made aware of patient concerns in order that they could improve the services available to them.

During our inspection on 10 February 2016 we saw that the practice was able to demonstrate that views and experiences were being gathered and acted on to shape and improve the services and the culture of the practice. The practice proactively encouraged and valued feedback from patients, the public and staff. It was now proactively seeking patients' feedback and engaged patients in the delivery of the service.