

# Dr de Lusignan and Partners

## 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

Requires improvement



Are services safe?

Requires improvement



Are services effective?

Requires improvement



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr de Lusignan and Partners on 5 April 2016. Overall the practice is rated as requires improvement.

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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- 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. However we noted that not all staff had received appraisals within the last twelve months or completed training appropriate to their job role.

- 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 there were urgent appointments available the same day but they found it difficult to make an appointment with a GP of their choice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure recruitment arrangements include all necessary employment checks for all staff.
- Ensure a robust system is in place to identify training that is appropriate to job role and that this training is completed by all staff.

# Summary of findings

- Ensure that a robust system is put in place to ensure all clinical equipment is calibrated at appropriate intervals, including keeping good records of all clinical equipment.

In addition the provider should:

- Review patient access to preferred GPs.

- Ensure a robust system is in place for annual appraisals.
- Continue to review processes to ensure patients with long term conditions receive the best care.
- Continue to monitor and improve patient satisfaction.

**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.
- Risks to patients were assessed and well managed, with the exception of those relating to training and recruitment checks. On the date of inspection not all staff had completed training appropriate to their job role, for example the practice did not provide evidence that all GPs had received training in safeguarding vulnerable adults, Mental Capacity Act 2005 or that all non-clinical staff had received training in safeguarding children and vulnerable adults or infection control.

**Requires improvement**



### Are services effective?

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to the national average with the exception of some diabetes and one chronic obstructive pulmonary disease indicators. The practice was actively working to improve results which were lower than 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, although the practice did not provide evidence of all training appropriate to job role.
- There was evidence of previous appraisals being completed annually although due to changes in management roles not all staff had received appraisals within the last twelve months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

**Requires improvement**



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- 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.

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.
- Patients said they found it easy to make an appointment with a GP, although it was sometimes difficult to get an appointment with their preferred GP, 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 was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 was taking part in a local charity programme to support older people and their carers.
- The practice also took part in an initiative to identify older patients for whom alcohol use may be a specific risk and worked with the alcohol liaison nurse to help these patients.

**Requires improvement**



### People with long term conditions

The practice was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group.

- Patients at risk of hospital admission were identified as a priority.
- Performance for four of the five diabetes related indicators that CQC intelligent monitoring review was worse than the clinical commissioning group (CCG) average and the national average. For example 60% of patients with diabetes, on the register, whose last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 compared to the CCG average of 79% and the national average of 78%. However the practice was aware of this and was making changes to ensure performance improved.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

**Requires improvement**



# Summary of findings

## Families, children and young people

The practice was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 high for all standard childhood immunisations when compared to CCG average.
- 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.
- 79% of eligible female patients notes recorded that a cervical screening test had been performed in the preceding five years which was comparable to the national average of 82%.
- 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 and health visitors.

Requires improvement



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

The practice was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 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 range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours GP and nurse appointments for patients who were unable to attend during normal hours.

Requires improvement



## People whose circumstances may make them vulnerable

The practice was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

Requires improvement





# Summary of findings

- 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. However at the time of our inspection not all staff had completed safeguarding training appropriate to their role.

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

The practice was rated as requires improvement for providing safe and effective services. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice:

- 75% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG and national average of 84%.
- 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months, which was comparable to the CCG average of 87% and the national average of 88%.
- 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.

**Requires improvement**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing below or in line with local and national averages. 289 survey forms were distributed and 105 were returned. This represented 1% of the practice's patient list.

- 76% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 79% and a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 82% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).

- 75% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards which were all positive about the standard of care received, however eight cards also mentioned patients had difficulty getting appointments.

Results from the NHS friends and family test showed that 88% of patients said they would recommend this practice to their friends and family.

# Dr de Lusignan and Partners

## 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 and a practice manager specialist adviser.

## Background to Dr de Lusignan and Partners

Dr de Lusignan and Partners is situated in Guildford, it is also known as Woodbridge Hill Surgery. The practice is located in a two storey property, which is owned by the partners. At the time of our inspection there were approximately 11,600 patients on the practice list. This is a teaching practice and takes medical students.

The practice has five GP partners and five salaried GPs (three male and seven female), three nurses, a phlebotomist, a practice manager, reception and administration staff.

The practice is open between 8.15am and 6.00pm Monday to Friday. Extended hours surgeries are offered until 8.00pm Wednesday. Patients requiring a GP outside of normal hours are advised to call NHS111 where they will be given advice or redirected to the most appropriate out of hours service. The practice has a General Medical Services (GMS) contract and offers enhanced services for example; various immunisation schemes.

The service is provided at the following location:-

Woodbridge Hill Surgery  
1 Deerbarn Road,  
Guildford,

Surrey

GU2 8YB

The practice population has a slightly higher than average number of patients aged 25 to 49 years and a slightly lower than average number of younger patients from birth to four years and patients 55 years or older. It also has a higher than average percentage of patients with long standing health conditions which could mean an increased demand for GP services. The practice is located in one of the ten most deprived areas in Surrey, but overall is considered to be an area of low deprivation when compared nationally. However the practice does provide services to one of the most deprived wards in the country.

The practice is a member of the Royal College of General Practitioners Research and Surveillance Centre, which is an active research and surveillance unit which collects and monitors data, in particular influenza and other diseases, and monitors vaccine effectiveness.

## 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 5 April 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, assistant practice manager, administrative and patient services staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, there was an incident where an incorrect travel vaccine was administered, we saw evidence that this was handled appropriately and the travel vaccine protocol was reviewed and updated to reduce the likelihood of this occurring again. The changes were disseminated to all appropriate staff.

### 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. At the time of our inspection all GPs with one exception were trained to child protection or child safeguarding level three. Nurses were trained to child protection or child safeguarding level three. We noted that not all GPs had completed adult safeguarding training, one GP had not completed child safeguarding level three training and not all non-clinical staff had received training in adult and child safeguarding. Since the inspection the practice have provided evidence that the GPs and staff have now received this training.

- 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 (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 liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place but at the time of our inspection not all GPs and staff had received up to date training. Since the inspection the practice has provided evidence that the GPs and staff have now received this 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 and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. 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

# Are services safe?

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.

- We reviewed three personnel files and found not all appropriate recruitment checks had been undertaken prior to employment including references.

## 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 but not all staff had received fire safety training and the practice did not provide evidence that the practice carried out regular fire drills. Since the date of inspection the practice have told us that this training has been completed.
- All electrical equipment was checked to ensure the equipment was safe to use but when asked the practice did not provide evidence that all clinical equipment was checked in accordance with manufacturer's instructions to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in 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 stored securely.
- The practice had a 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 88% of the total number of points available.

This practice was an outlier for four out of the five diabetes indicators that the CQC data intelligence team review and one chronic obstructive pulmonary disease indicator (COPD) QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the clinical commissioning group (CCG) average and the national average. For example 60% of patients with diabetes, on the register, whose last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 compared to the CCG average of 79% and the national average of 78%.
- 78% of patients with hypertension having regular blood pressure tests which was comparable with the CCG average of 82% and the national average of 84%.
- Performance for mental health related indicators was comparable with the local and national averages. For example 81% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months, compared to the CCG average of 87% and the national average of 88%.

The practice were aware of their low diabetes and COPD QOF achievements and have addressed this. We saw evidence that the spirometer (a machine to assist in assessing COPD) was due to be tested at the beginning of April 2016 ready to go into service once the staff were trained and that two members of staff were booked on a COPD training course in mid-April 2016. Staff also told us that the system of recall for diabetic patients had been changed and the times that appointments are available were no longer limited to specific diabetic clinics.

The practice explained that they were in an area of high deprivation for Surrey and they recognised that some of their patients may not be engaged with their healthcare.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year, two of these were completed audits where the improvements made were implemented and monitored.
- The practice had a scheduled of planned audits for the next 12 months.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Information about patients' outcomes was used to make improvements such as: the number of patients who had been inappropriately prescribed antibiotics was reduced. The practice told us that they were meeting quality markers within the Medicines Management Initiative for safe antibiotic prescribing.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. However we noted that there was not a robust system in place to identify training that met best practice standards.

- The practice had an induction programme for all newly appointed staff. This covered such topics as health and safety and confidentiality.
- The practice could demonstrate how they ensured some role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs although not all staff had received all training appropriate to their job role. 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. We noted that not all staff had received an appraisal within the last 12 months.
- The practice ran a mentorship scheme for GPs and the senior nurse which provided 30 minutes learning time per month.
- Staff received training that included: basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

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

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. At the time of our inspection not all GPs had received Mental Capacity Act 2005 training. Since the inspection the practice have told us this training has been completed by all relevant staff.
- 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, smoking and alcohol. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice demonstrated how they encouraged uptake of the screening programme as 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 vaccines given were better than CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 96% (CCG average 73% to 84%) and five year olds from 87% to 96% (CCG average 73% to 90%).



# Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks, these included health checks for new patients. 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 22 patient Care Quality Commission comment cards we received were positive about the service experienced, however on eight of the cards patients commented that they had difficulty getting convenient appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 84% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).

- 81% of patients said they found the receptionists at the practice helpful (CCG average 89% and national average 87%).

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

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

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

- 78% of patients said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 91% and national average of 86%.
- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 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.
- 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 339 patients as

## Are services caring?

carers (3% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice was taking part in a local charity programme to support older people and their carers.

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. For example the practice took part in an initiative to identify older patients for whom alcohol use may be a specific risk and worked with the alcohol liaison nurse to help these patients.

- The practice offered extended hours surgeries until 8.00pm Wednesday with GP and nurse appointments for patients who could not attend during normal opening hours.
- 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 and translation services available.

### Access to the service

The practice was open between 8.15am and 6.00pm Monday to Friday. Extended surgery hours were offered until 8.00pm on Wednesday evenings. 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.

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

- 71% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and national average of 75%.

- 76% of patients said they could get through easily to the surgery by phone (CCG average 79% and national average 73%).

People told us on the day of the inspection that they were 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.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at twelve complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint where a prescription was sent to a different pharmacist to the one the patient requested which led to a delay in the patient obtaining medicines. The practice protocol has been reviewed and updated and the practice has introduced a process so that a change of pharmacist is recorded in writing at the time of request to reduce the likelihood of this re-occurring.

# 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 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 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.
- 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.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted comments to the practice management team.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

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

## Are services well-led?

Good 

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

the practice was taking part in a local charity programme to provide support for older people and their carers and the practice ran a mentorship scheme for GPs and the senior nurse which provided 30 minutes learning time per month. The practice is a member of the Royal College of General

Practitioners Research and Surveillance Centre, which is an active research and surveillance unit which collects and monitors data, in particular influenza and other diseases, and monitors vaccine effectiveness.

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
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users.</p> <p>The practice did not demonstrate that all training appropriate to job role had been completed by all staff including fire safety and Mental Capacity Act 2005.</p> <p>The practice did not provide evidence that a robust system was in place to ensure that all clinical equipment is calibrated at recommended intervals and good records are kept.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>We found that the practice was not completing recruitment checks in accordance with practice policy and Schedule 3.</p> <p>This was in breach of Regulation 17(1) &amp; (2) Health and Social Care Act 2008(Regulated Activities) Regulations 2014</p>