

# Dr Allan & 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

Good



Are services safe?

Good



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

## 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

### Detailed findings from this inspection

Our inspection team	12
Background to Dr Allan & Partners	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14
Action we have told the provider to take	25

## Overall summary

We carried out an announced comprehensive inspection at Dr Allan and Partners on the 20 July 2016. We found the practice requires improvement for effective services. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However, we found that the learning and actions from events and complaints were not shared with all staff.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns. However there was no documentation to share learning with all staff.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvements are;

- Review how patients are identified and supported to attend for yearly reviews and check-ups in relation to their medical conditions, medicines and to support improved patient outcomes.

# Summary of findings

The areas where the provider should make improvements is:

- Ensure actions and learning outcomes from significant events and complaints are shared with all staff.

- Ensure an ongoing programme of clinical audit is established to demonstrate quality improvement relating to the outcomes for patients.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared with clinical staff. However, we found that the learning and actions from events and complaints were not shared with all staff.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was an infection prevention and control policy in place with an ongoing audit programme
- We saw the safe management and storage of medicines.

### Are services effective?

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

Requires improvement



- Concerns were identified in the recall and review programme for patients with long term conditions. The practice monitored the exception rates of patients not having annual reviews for long term conditions. However, there were higher levels of patients without annual health checks and reviews recorded on the practice system. This meant these patients may have been at risk of poor longer term outcomes.
- The practice undertook clinical audits to improve patient outcomes. However, we were unable to identify a future programme of continuous clinical audit.
- There was no failsafe system in place to ensure results were received for all samples sent for the cervical screening laboratory or the practice had followed up women who were referred as a result of abnormal results.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average in some areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.

# Summary of findings

- 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.

## Are services caring?

The practice is rated as good for providing caring services.

Good



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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. One of the GPs and a pharmacist from the clinical commissioning group undertook a prescribing review at a local care home. The review identified areas where medicine management improvements could be made and recommended measures to reduce waste.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. The practice operates a personal list for patients run by named GP's and personal secretaries to optimise care for the whole family to ensure their health needs are met.
- 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 clinical staff and other stakeholders verbally at meetings but was not documented to ensure that all staff were aware of the learning outcomes.

# 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 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 a governance framework which supported the delivery of the strategy and quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with clinical staff, but not documented with all 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 focus on continuous learning and improvement at all levels by attending courses and locally arranged NHS events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

**Good**



- 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 used a Coordinate Care Record for End of Life Care for personalised care plans. This included sharing information with other agencies and involved the care of carers
- The practice attended the Village Older Peoples Action Group – (VOPAG) to discuss health promotion and prevention services provided by the practice. The Patients Participation Group lead told us that topics included the benefits flu and shingles vaccines.
- The premises were accessible to those with limited mobility, with an automatic door, and low level reception desk. All consulting rooms were on the ground floor.
- We saw evidence of good working relationships with other health and social care services. These included District Nurses, Palliative Care teams, and Multi Agency Group meetings. The multi professional and multi-agency groups coordinated care and support for the elderly, vulnerable and socially isolated.

### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. High QOF exception reporting and patients without recorded condition or medication reviews may have had an impact on patient outcomes for this group.

**Requires improvement**



- There was no strategy or analysis in place to measure the impact on patient outcomes, for those patients who did not attend a review of their long-term illness or medication review.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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. Many patients chose to access health checks from

# Summary of findings

providers in the private sector or abroad. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- High QOF exception reporting and patients without recorded condition or medication reviews may have had an impact on patient outcomes for this group.
- The practice monitored the exception rates of patients not having annual reviews for long term conditions. However, there were higher levels of patients without annual health checks and reviews recorded on the practice system. This meant these patients may have been at risk of poor longer term outcomes.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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. Many patients chose to access health checks from providers in the private sector or abroad. 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.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered appointments from 7.30am to 6.00pm daily which enabled patients who worked the opportunity to be seen before normal opening hours. There was a tiered system

Good





# Summary of findings

of bookable appointments and the practice offered on the day appointments for everyone who required one. The practice had audited their appointments system and had summer and winter templates to reflect the changing needs of their patients.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered annual health checks for patients with learning disabilities. Health checks and care plans were completed for 90% of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- Performance for dementia face to face review was comparable with the Clinical Commissioning Group and national averages. The practice had achieved 88% of the total number of points available, compared to 86% to the CCG average and national average of 84%.
- 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.

Good



## Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing better than local and national averages. 248 survey forms were distributed and 119 were returned. This represented 48% of the 119 survey results returned out of a practice's list of 8800. This represented just over 1% of the practice patient list.

- 87% of patients found it easy to get through to this practice by phone compared with the CCG average of 76% and the national average of 73%.
- 91% of patients were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 85% and the national average of 85%.

- 89% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which were all positive about the standard of care received; four patients noted that on some occasions it was difficult to get through on the phone to their GP secretary.

We spoke with 12 patients during the inspection. All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients we spoke with and comments we received were all positive about the care and treatment offered by the GP's and nurses at the practice, which met their needs. They said they were treated with dignity and their privacy was respected. They also said that they had enough time to discuss their medical concerns.

# Dr Allan & 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, a practice nurse specialist adviser, a practice manager specialist adviser and a second inspector.

## Background to Dr Allan & Partners

The Dr Allan and Partners is situated in Chalfont St Peter, Gerrards Cross. The practice is located in a purpose built premises. There is a car parking area with disabled bays and easy access for prams and wheelchairs with automatic doors

There is a self-check in; reception has a low desk for wheelchair users, and a toilet for people with a disability. There is a dementia friendly sign, hearing loop, practice brochure in large print and television screens presenting topics to achieve health and lifestyle choices. There is a self-check blood pressure monitor available. A privacy screen is available in case of an emergency in a public area.

The practice has a patient population of approximately 8800 registered patients. The practice population of registered patients aged between 0 to 4 is lower than the national average, patients aged 5 to 14 are above the national average. Patients aged 65 plus years, 85 years and over are above the national average of registered patients.

We were told that the profile of the population registered with the practice work in managerial professions, this is

20% above the national average. Patients registered with the practice claiming benefits were 10% below the national average, and 90% of the practice population were born in the UK.

There were four GP partners, two female and two male and one newly appointed GP who works as a partner and will be an established partner after nine months at the practice in September 2016. The practice employs three practice nurses. There is a practice manager, five personal doctors' secretaries and a receptionist. Services are provided via a General Medical Services (GMS) contract. (GMS contracts are negotiated nationally between GP representatives and the NHS) One GP is an experienced trainer and another GP is undertaking the new trainers course. The practice plans to develop as a training practice in 2017.

Services are provided from the following location:

Hampden Road

Chalfont St Peter

Gerrards Cross

Bucks

SL9 9SA

The practice has core opening times between 7.30am to 6.00pm Monday to Friday. Extended opening hours are available each week day at 7.30 and at 7am on Wednesdays and Fridays.

The out of hours services are provided by Bucks Urgent Care. There are arrangements in place for services to be provided when the surgery is closed and these are displayed at the practice, in the practice information leaflet and on the patient website. Out of hours services are provided by Bucks Urgent Care and NHS111. During protected learning time when the practice is closed, cover is provided by Bucks Urgent Care.

# Detailed findings

## Why we carried out this inspection

We Inspected this service as part of our new comprehensive inspection programme.

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, (Regulated Activities) regulations 2014, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations including the CCG to share what they knew. We carried out an announced visit on 20 July 2016. During our visit we:

- Spoke with ten members of staff including GPs, practice manager, practice nurses and personal secretaries, and spoke with 12 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 patient's GP and 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.
- Staff told us that significant events were discussed at fortnightly clinical meetings but the information was not documented and disseminated to the staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of clinical meetings where these were discussed. For example, following an incident at the practice there was a full review of the emergency procedures. This included the use of screens, the role of reception staff and minimizing the distress to other patients.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice nurses were trained to level two.

- 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 lead for infection control was supported in her role and organised a programme of in-house training for all staff including assessment of hand washing technique and regular audit of infection control standards.
- 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). An accurate record of stock was in place. 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. For example, we saw a full year's audit for the prescribing of medicines for the treatment of osteoporosis. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use
- There are no practicing nurse prescribers, we saw Patient Group Directives for the administration of vaccines.
- 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.

# Are services safe?

## 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 assessment undertaken on 18 May 2016, and carried out regular fire drills, the last fire evacuation of the building took place in February 2016.
- 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. The practice employs an external contractor to assess water systems and assess the risk of legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice operates a buddy system across all staff groups, to ensure continuity of care for patients.

## 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Findings were used by the practice to improve services. For example, recent action taken as a result included a prescribing review at a local care home. The GP supported by a pharmacist identified waste, medicines optimized and non-elective admissions prevented, realising an annual savings of in excess of £7000.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, compared to the national average of 95%.

This practice was not an outlier for achieving QOF targets but was an outlier for QOF exception reporting. The level of exception reporting was higher in some clinical domains compared to both clinical commissioning group and national averages. 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. For example:

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months, the data showed an exception report of 13% compared to the CCG rate of 6% and the national average of 7%.

- The percentage of patients with asthma on the register, who have had an asthma review in the preceding twelve months that includes an assessment of asthma control using the three RCP questions showed an exception reporting of 48% compared to the CCG average of 6% and a national average of 7%.
- There was a higher than expected exception report on the percentage of patients with COPD who did not have a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale within the preceding twelve months. This was recorded at 35% compared to the CCG average of 9% and a national average of 11%.

The practice told us that several patients accessed more than one service for Primary care. Some patients had private GPs and others accessed services through their companies at work. The practice told us that three appointments were offered to patients to attend for screening appointments, and if there was no reply an exception report was generated. The practice had a highly transient patient population; patients registering at the practice were often only in the area for a short time or spent some time abroad. However, practices in the local area had lower exception reporting rates. This may have had an impact on screening and recall programmes.

During the inspection we saw evidence that contact was attempted with these patients on three different occasions. The practice had identified the high levels of exception reporting but did not have plans with areas for improvement or formulated action plans to reduce the exception reporting levels. such as encouraging patients to share results if they attend other providers, or offering more flexible surgery access times.

There had been fourteen operational and clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services.

- For example, recent action taken as a result included a prescribing review at a local care home. The GP supported by a pharmacist identified waste, medicines optimized and non-elective admissions prevented, realising an annual savings of in excess of £7000



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as: An audit cycle of patients with Chronic Obstructive Pulmonary Disease concluded that patients were receiving correct inhaled medicines.

There was evidence to demonstrate that the practice planned for regular audit cycles. However, on the day of inspection the GP specialist advisor was unable to identify more than two completed audit cycles and a future programme of clinical audit.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Two nurses had completed the Diploma in Asthma and clinicians were offered protected learning time to ensure they keep up to date with current practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, and 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. All discharge summaries are reviewed by the patients GP who plan treatment programmes with patients to reduce the risk of these patients needing admission to hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young 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.
- All clinical staff demonstrated a clear understanding of the Gillick competency test. (These are used to help assess whether a child under the age of 16 has the maturity to make their own decisions and to understand the implications of those decisions).
- The nurses told us that consent could not be obtained from another person unless they had Power of Attorney

# Are services effective?

## (for example, treatment is effective)

- We saw evidence of Informed consent documented in patient records for procedures such as cervical screening and vaccines.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Support was offered through structured care plans and coordinated by the clinical team within the practice led by the patient's personal named GP. Patients were signposted to the relevant service.
- The practice signposted patients to a local smoking cessation support group. For example, information from the practice showed 34% of patients (15+ years old) who were recorded as current smokers had been offered smoking cessation support and treatment in last 12 months.

Data from 2014 -15 National Cancer Intelligence Network (NCIN) showed:

- Performance for breast screening for females between the ages of 50-70 years screened within 6 months of invitation related indicators was 79% compared to the CCG average of 76% and 73% nationally.
- The number of patients screened for bowel cancer aged between 60-69 years within the last six months recorded 62% compared to the CCG average of 57% and 55% nationally. At 30 months the patients aged between 60-69 years screened at 30 months was 59% compared to the CCG average of 57% and 55% nationally.

The practice's uptake for the cervical screening programme was 85%, which was comparable to the clinical

commissioning group average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages, alternative communication methods 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. There was no failsafe systems in place to ensure results were received for all samples sent for the cervical screening laboratory or the practice followed up women who were referred as a result of abnormal results.

- Childhood immunisation rates for the vaccines given were comparable to CCG and national averages. For example, childhood immunisation rates for vaccines given in 2014/15 to under two year olds ranged from 95% to 96%, these were higher than the CCG averages which ranged from 79% to 96%.
- Childhood immunisation rates for vaccines given in 2014/15 to five year olds ranged from 76% to 96% these were comparable to the CCG averages which ranged from 79% to 96%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified. We were told that appointments were not always attended by patients who accessed other primary health care services. Not all patients chose to access NHS screening services.

# 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 33 patient Care Quality Commission comment cards highlighted that staff responded compassionately when they needed help. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one representative of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% compared to the national average of 87%.

The PPG is managed on a virtual on line model. The PPG and the nine patients we spoke to on the day informed us that they were satisfied with staff at the practice

The percentage of respondents to the patient survey who described the overall experience of their GP surgery as fairly good or very good was 92% compared to the CCG average of 85% and a national average of 85%

The Friends and Family test feedback reported that 96% of patients would recommend the practice.

### 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 were all very positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

## Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- A hearing loop was available at the reception desk and there were two television screens in the waiting area, and offering advice on healthy lifestyles

### **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 194 patients as carers (2% of the practice list). Staff told us that carers are fully involved in the coordinated assessment and care planning process for patients who are vulnerable or who have long term conditions, taking their needs into full consideration. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The demands of the practice population were understood and systems were in place to address identified needs in the way services were delivered. Many services were provided from the practice including a self-check blood pressure machine in reception, child health and immunisation clinics, travel vaccination clinics and cervical screening. The practice worked closely with health visitors to ensure that young patients and their families had good access to care and support. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours for working 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 required same day consultation.
- Patients were able to receive travel vaccines.
- There were disabled facilities, a hearing loop and translation services available.
- All clinical services were provided on the ground floor and there was a ramp and automatic door opening system at the entrance to the practice. Disabled parking was available.
- The practice website was well designed, clear and simple to use featuring, updated information. The website also allowed new patients to register with the practice, book online appointments and request repeat prescriptions.
- Patients could request a chaperone, which demonstrated the practices commitment to safeguarding adults and children registered with the practice.

### Access to the service

The practice was open from 8am on Mondays, Tuesdays and Thursdays from 7.30am and on Wednesdays and from 7am on Fridays. The practice closed each evening at 6.30pm. Appointments varied with each GP, the core surgery hours for each GP was three hours in the morning two hours each afternoon. In addition to pre-bookable appointments that could be booked up to 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.

- 79% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 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.

The receptionist did not manage the GP appointment system. The surgery operated a GP personal list supported by the GPs personal secretary. All requests by telephone are booked through the personal secretary. Any clinical queries were referred directly to the named GP. 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. All 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. The complaints procedure was available from reception, detailed in the patient leaflet and on the patient website. Staff we spoke with were aware of their role in supporting patients to raise concerns. Patients we spoke with were aware of the process to follow if they wished to make a complaint. One of the patients we spoke with had previously made a complaint about the practice, and had received a satisfactory response.

We reviewed 20 complaints on the day of inspection and found, e.g. whether these were satisfactorily handled, dealt

with in a timely way, openness and transparency with dealing with the complaint. For example a referral to a paediatric service was not made. Lessons were learnt from individual concerns and complaints. The practice undertook a regular analysis of trends. Where trends were identified action was taken to address the concern or improve the quality of care. For example, complaints were discussed at the fortnightly professional meetings and at the monthly staff meeting. However learning outcomes were not documented, which meant that not all staff were aware of new working practices to improve patient care.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver good patient 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 mission statement included providing high quality patient care through clinical excellence, patient engagement and patient choice.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We found details of the aims and objectives were part of the practice's statement of purpose and strategy. The practice aims and objectives included providing excellent personalised care and involving patients in decision making process by working together as a team. This also included treating patients with dignity and respect.
- The practice had a strategy and supporting strategic business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- Staff had an understanding of the performance of the practice.
- The practice undertook clinical audits to improve patient outcomes. However, we were unable to identify a future programme of continuous clinical audit in order to monitor quality and to make improvements.

- Long term condition and medication reviews were not completed for all patients due to the higher levels of exception reporting in some clinical domains, which may impact on the long term outcomes for some patients.
- 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 safe, quality and compassionate care. They were visible in the practice and staff told us that they were approachable and always took time to listen to all members of staff. Staff told us there was an open and relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. We noted that there were two away days for all staff each year.

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, however where learning outcomes were identified, this was not always documented for staff. 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.

# Are services well-led?

Good 

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

- 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 on a virtual basis regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG suggested the practice purchase a camera for the nursing team to monitor the healing progress of leg ulcers.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. We saw that appraisals were completed in the last year for staff. 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.

- One of the GPs was already a qualified trainer and another GP was undertaking the training later this year.
- The clinicians working at the practice had a protected learning time for half a day each month. (PLT) This enabled them to attend CCG learning events.
- The nurses told us they felt well supported in their continuous professional development, including plans for revalidation. The doctors had asked that written and verbal feedback was given by the nurses after training events to ensure multi-professional learning.
- Non clinical staff accessed training via an on line system.



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><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to ensure care and treatment was provided in a safe way for service users.</p> <p>This was in breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>