

# Dr Teverson & Partners

## Quality Report

125-129 Newland Street,  
Witham,  
Essex,  
CM8 1BH

Tel: 01376 502108

Website: [www.fernhousesurgery.co.uk](http://www.fernhousesurgery.co.uk)

Date of inspection visit: 12 August 2015

Date of publication: 12/11/2015

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Teverson & Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Teverson & Partners on 12 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed. Learning from when things went wrong was widely shared with staff through meetings and discussions. People affected by safety incidents were offered an explanation and an apology.
- Risks to patients were assessed and well managed. There were systems for assessing risks including risks associated with medicines, promises, equipment and infection control.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff had received training appropriate to their roles. Staff performance was appraised and any further training needs had been identified and planned.
- 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. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Review the procedures for checking and auditing medicines to include those in the dispensary and include any dispensary related errors, incidents or near misses as part of the practice significant events analysis procedures.

**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. Staff understood and fulfilled their responsibilities to keep patients safe and to raise concerns, and to report incidents and near misses. When things went wrong these were investigated thoroughly and changes made to minimise recurrences. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. At the time of our inspection incidents relating to the dispensing of medicines were not included and reviewed as part of the process for dealing with significant events.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles.

Medicines were managed safely. The practice offered medicines dispensing services. The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development.

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients who completed comment cards and those we spoke with during the inspection also confirmed that staff at the practice were respectful and caring. Patients said they were treated with compassion, dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available. This was provided in an A-Z of self help guide.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had reviewed its appointments systems and increased the number of nurse and health care assistant appointments to help meet patient's needs. It had also reviewed its telephone systems to improve telephone access in response to the results of the national GP patient survey.

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 that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. 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. It had a clear vision and strategy to provide evidence based care and treatment for all patients. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

Good



# Summary of findings

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. The practice held regular governance meetings to review performance and outcomes for patients. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and regularly contributed ideas and suggestions as to how improvements could be made. These suggestions were acted on where appropriate. Staff had received appropriate role specific training, regular performance reviews and attended staff meetings and events.

# 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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people who accounted for approximately 17% of its patient population. The practice offered a range of enhanced services, for example, in dementia and end of life care. The practice had made improvements in its diagnosis of dementia within the previous 12 months and had the highest diagnosis rate locally. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. Medicines dispensing was provided where needed and medicines could be delivered to patients in their homes where this was appropriate.

The practice had two branch surgeries helping patients to access GP services close to home. GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally. The practice had specialist diagnostic equipment including 24 hour ECG (electrocardiogram) machines and R equipment, a machine to help early diagnosis of heart disease and other cardiac related conditions.

Patients at risk of unplanned 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 that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. The practice had increased the number of same day

Good



# Summary of findings

appointments to improve access to patients. Appointments were available outside of school hours. In-house midwifery services, post-natal and baby checks were available to monitor the development of babies and the health of new mothers.

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 similar to other GP practices for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.

Information and a range of sexual health and family planning clinics were available.

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

**Good**



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 had increased the number of nurse appointments to improve access to patients for routine health checks and the treatment of minor illnesses.

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflects the needs for this age group including well man and well woman checks.

## **People whose circumstances may make them vulnerable**

**Good**



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 patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and carried out home visits for these reviews as needed.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that

# Summary of findings

patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had made improvements in their diagnosis of patients with dementia and their diagnosis rates were the highest within the local CCG area, having previously performed just below CCG and national diagnosis rates.

The practice provided in house Improving Access to Psychological Services (IAPT) for patients with mental health needs.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with autism, mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 125 responses from 281 surveys sent out which represented 44% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was similar to local and national GP practices for the convenience of the appointment system, and waiting times. The practice scored lower than both local and national averages for ease of accessing the surgery by telephone.

- 86% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 68% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 96% said the last appointment they got was convenient compared with a CCG average of 86% and a national average of 85%.
- 69% described their experience of making an appointment as good compared with a CCG average of 70% and national average of 73%.
- 68% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.

- 54% felt they did not normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

There was one area where patient satisfaction levels were lower than the local and national averages:

- 52% found it easy to get through to this surgery by phone compared with a CCG average of 65% and a national average of 73%.

The practice had reviewed these comments and implemented changes to help address these. They had employed a reception manager who was monitoring access and reviewing ways of working to improve telephone access.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 29 comment cards which were all positive about the standard of care received. We also spoke with seven patients on the day of the inspection. Patients commented positively about staff saying that they were polite, professional and caring. Patients said that they could get appointments that suited them and that they were happy with the care and treatments that they received.

We spoke with seven patients during our inspection. They told us that they were happy with the GP practice and the care and treatment they received. Two patients told us that obtaining appointments could be difficult; however they reported that this had improved in recent months.

## Areas for improvement

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

Review the procedures for checking and auditing medicines to include those in the dispensary and include any dispensary related errors, incidents or near misses as part of the practice significant events analysis procedures

# Dr Teverson & 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 CQC pharmacist advisor, a GP specialist adviser and a practice manager specialist advisor.

## Background to Dr Teverson & Partners

Dr Teverson & Partners (Fern House Surgery) is located on the High Street in Witham, Essex. The practice provides services for 17000 patients living within the Mid Essex area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Mid Essex Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standard.

The practice has two branch surgeries located in Wickham Bishops and Terling in Essex. Patients living in Wickham Bishops could access services at The Kelvedon Road surgery on Monday and Tuesday mornings and patients living in Terling could access appointments from Owls Hill Surgery on Tuesday mornings. We did not visit the branch sites as part of this inspection.

The practice population similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 75 years. Economic deprivation levels affecting children, older people and unemployment are lower than the practice average across England. Life expectancy for men and

women are similar to the national averages. The practice patient list has a similar to the national average for long standing health conditions and lower disability allowance claimants. The practice population of patients living in care homes at 0.4% which is similar to national figures.

Dr Teverson and partners is a dispensing practice (dispensing practices offer enhanced services to dispense medicines to patients who may experience difficulties in obtaining these from a local pharmacy).

The practice is managed by eight GP partners who hold financial and managerial responsibility for the practice. There are four female and four male GPs employed. The practice also employs three practice nurses, three health care assistants, a dispensary manager, three dispensers and two dispensary clerks and a phlebotomist. A practice manager is also employed and is supported by 11 receptionists, five administrators and two secretaries.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8.30am and 12pm, and 1pm to 6.30pm. Emergency appointments are available throughout the day.

The practice has opted out of providing GP out of hours services. Unscheduled out-of-hours care is provided by the NHS 111 service and patients who contact the surgery outside of opening hours are provided with information on how to contact the service. This information is also available on the practice website.

## Why we carried out this inspection

We inspected Dr Teverson and Partners as part of our comprehensive inspection programme. We carried out a comprehensive inspection of this service under Section 60

# Detailed findings

of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was 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.

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.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 August 2015. During our visit we spoke with a range of staff including GPs nurses, healthcare assistants, dispensary staff, receptionists and administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including policies and procedures in relation to the management of the practice.

# Are services safe?

## Our findings

### Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. The practice had an open and transparent approach to dealing with instances when things went wrong. There was a system in place for reporting and recording significant events and other safety related incidents. The practice had procedures in place for reporting safety incidents and all staff we spoke with were aware of these procedures and the reporting forms.

The practice carried out an analysis of the significant events, including looking at what went wrong and how this could be avoided in the future. Significant events were discussed at the weekly meetings which were attended by clinical staff, the practice manager, reception and dispensary managers. Information and learning was shared with practice staff and external parties such as the local hospital and care homes where appropriate. Learning from when things went wrong was widely shared with staff and improvements were made to minimise recurrences. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, reception staff had highlighted that GPs were dealing with test results and requesting actions on these in different ways which was leading to confusion. Following a meeting a consistent procedure was agreed with all GPs and this was implemented.

There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. There was a lead member of staff who was responsible for overseeing safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies.
- The practice had procedures in place for providing chaperones during examinations. A notice was displayed in the waiting room, advising 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 check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella. The risk of fire had been assessed. Firefighting and detecting equipment was in place and checked regularly. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas throughout the premises. All staff had received fire safety training.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning

## Are services safe?

schedules in place and regular infection control audits were carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone screening for Hepatitis B vaccination and immunity. People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

- The practice had arrangements the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff checked these regularly.
- The practice offered dispensing services. Staff received appropriate training and their competency was monitored. There were specific policies and procedures in relation to dispensing medicines. We noted that checks were not recorded in respect of expiry dates for medicines in the dispensary and errors or near misses in relation to medicines dispensing were not reported or recorded as part of the practice significant event analysis.
- Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. The practice performance for prescribing antibiotics, non-steroidal anti-inflammatory medicines and antidepressants / sleeping tablets was above or in line with local CCG guidelines. GPs we spoke with said that all routine and new prescriptions were checked and authorised before they were issued by the prescriptions clerk.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed five staff files and found that these procedures were followed

consistently. Appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service had been undertaken prior to employment. New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.

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

### Arrangements to deal with emergencies and major incidents

There were policies and procedures in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency equipment was regularly checked to ensure that it was fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. GPs within the practice had lead roles and specialist interests including paediatric care, diabetes, dementia and mental health.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2013/14 showed;

Performance for the treatment and management of diabetes was similar to the CCG and national average. For example:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 76% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 73% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 71% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 81% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 97% compared to the national average of 98%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months. One audit had been carried out to review the effectiveness and patient satisfaction with steroid joint injections for the treatment of inflammatory arthritis. The audit indicated a high level of patient satisfaction. A second audit reviewed the risks to women who were treated with Tamoxifen (for breast cancer) and certain antidepressants. Research has indicated that certain antidepressants affect the effectiveness of Tamoxifen. The audit identified patients who may be at risk and alternative antidepressant medicines were prescribed.

Medicine reviews were carried out every six months or more frequently where required. A community pharmacist assisted with these reviews for patients with complex medical needs and those who were prescribed combinations of medicines.

### Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures.
- Staff had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality.

# Are services effective?

## (for example, treatment is effective)

Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening.

- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England).

### 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out minor

surgical procedures and other treatments including joint injections. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for procedures including joint injections that this was recorded correctly within the patients' medical record.

### Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available on the premises and smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme for 2013/14 was 79%, compared to the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccination rates for patients over 65 years were comparable to national averages in 2013/14. For example,

- The percentage of childhood Meningitis C immunisation vaccinations given to under one year olds was 79% compared to the CCG percentage of 84%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 95% compared to the CCG percentage of 94%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was the same as the CCG percentage of 97%.
- Flu vaccination rates for the over 65s were 71%, and at risk groups 48%. These were also comparable to national averages (73% and 52% respectively).

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat and personal information. They also told us if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 29 patient CQC comment cards we received were positive about the service they received. Patients said they felt the practice offered an excellent and personalised service. A number of patients commented that staff were polite, caring and treated them with dignity and respect. Patients said that they were listened to, treatments were explained clearly to them and that they could make decisions about their care and treatment. We spoke with seven patients on the day of our inspection and contacted one member of the Patient Participation Group (PPG) by email the following day. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was comparable to other GP practices both locally and nationally for its satisfaction scores on consultations with doctors and nurses. For example:

- 82% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 82% said the GP gave them enough time compared to the CCG average of 87% and national average of 88%.
- 90% said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%

- 88% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 90%.
- 83% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 84%.
- 89% patients said they found the receptionists at the practice helpful compared to the CCG average and national average of 86%.

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

Patients we spoke with told us GPs and nurses explained their health conditions and treatments clearly. They told us that were involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 29 comment cards we received was also positive and aligned with these views.

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

- 73% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 74% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%

Staff told us that all of their patients were English speaking. They said translation services were available for patients who did not have English as a first language.

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

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including counselling, cancer support and bereavement services.

The practice identified patients who were also a carer at the point of their registration and during consultations.

## Are services caring?

There was a practice register of all people who were carers. This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

The practice had prepared an A-Z of self-help guides for patients. This contained the contact details for a number of local and national support organisations including First Stop anger management, drug and alcohol services and support groups for anxiety and depression.

Staff told us the practice did not have a protocol for supporting families who had suffered bereavement. GPs told us that they would contact or visit patients / families based upon their knowledge of patients' needs and wishes.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. There were plans in place to meet the future demands for GP services with the planned housing developments with 5,000 new homes in the local area and an estimated a 25% increase in population over the next five years. The practice was also working proactively with the CCG to improve dementia diagnosis. GPs had liaised with local care homes and other services and as a result had improved their dementia diagnosis rates to well above the national average and the best in the CCG area (data from March 2015).

Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- Additional nurse and health care assistant appointments were introduced to improve access for patients, totalling 32 hours of additional appointments each week.
- Changes were made to reception working to improve telephone access for patients.
- There were longer appointments available for patients including those with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- People with complex needs, for example those living with dementia or those with a learning disability.
- In-house counselling services were available for patients with mental health conditions.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.20am to 12pm every morning and 2pm to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke with on the day were able to get appointments when they needed them. For example:

- 69% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 68% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

The practice had performed less favourably for some aspects of access to the services:

- 66% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 52% patients said they could get through easily to the surgery by phone compared to the CCG average of 65% and national average of 73%.

The practice demonstrated that they were working to make improvements in these areas and were reviewing their availability of appointments and increasing telephone access.

### Listening and learning from concerns and complaints

The practice had a 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. This information was displayed in the waiting area and included in the patient leaflet and on the practice website. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the seven patients we spoke with were aware of the process to follow if they wished to make a complaint.

We saw that all complaints received either verbally or in writing were responded to an apology given. The practice manager told us that complainants were invited to meet with GPs to discuss concerns if they wished to. We looked at a sample of complaints received in the last 12 months.

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

We saw that complaints were acknowledged, investigated and a full response and apology given. Complaints were dealt with in a timely way. We saw that these demonstrated openness and transparency.

Lessons were learnt from concerns and complaints and these were shared with staff in clinical and non-clinical meetings. Action was taken to address concerns raised by patients to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision and ethos to deliver high quality evidence based 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 future planning strategy and supporting business plans which reflected the changing needs and demands of the local population and changes within the practice including succession planning and recruiting to cover vacancies arising from staff retirement.

### Governance arrangements

The practice had an overarching governance framework to support the delivery of good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- Clinicians had lead roles and special interests in a number of long term conditions to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended to ensure that they reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

### Leadership, openness and transparency

The partners in the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff said that they were well supported and they felt able to speak openly and raise issues as needed. The partners were visible in the practice and staff told us that they were approachable, accessible and that they listened.

A range of clinical and general practice meetings were held weekly and monthly during which staff could raise issues and discuss ways in which the service could be improved. 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. Patients could also contribute to the development of the practice through the patient participation group.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis. The practice actively encourages patients to participate in the NHS Friends and Family Test and monitored these results. We saw that over 90% of patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was a strong 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 the practice was involved in a local initiative to develop a protocol for managing chronic back pain in patients. The practice had also recognised the increased risks in older people of dermatological conditions including skin cancers. They had purchased a diagnostic machine which aids the detection of the most common skin cancers to improve early diagnosis and referral to specialist treatment.