

# Pendeen Surgery

## Quality Report

Pendeen Surgery

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

## Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Pendeen Surgery on 7 June 2016. Overall the practice is rated as good.

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

- There were robust systems in place to monitor and maintain safety in the practice.
- Staff understood their responsibilities to raise concerns and to report incidents and near misses. Incidents were viewed as opportunities for learning and improving patient care.
- The practice was visibly clean and hygienic. There were arrangements for assessing and mitigating the risks from healthcare associated infections.
- Patients' needs were assessed and their care was delivered in line with best practice guidance.
- The practice team was well trained and had skills and experience in a range of health conditions.
- Feedback from patients about their care was consistently positive. Patients said that GPs listened to them and that they were treated with compassion, dignity and respect. Patients felt that they were involved in their care and decisions about their treatment.
- The system for recording and learning from significant events was well embedded and robust.
- The system for undertaking regular audits was robust. The practice routinely presented the findings at the educational meetings to drive improvement in patient care.
- Information about services and how to complain was available and easy to understand. The practice responded to complaints in an appropriate and timely manner. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients told us that it was easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had an area set aside for use by children, which contained books and toys.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients and used the feedback to improve services to patients.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw two areas of outstanding practice:

- The practice had proactively engaged with a manager and the welfare officer of a local farm where many seasonal workers from overseas were employed in order to facilitate access to the practice services. This

was a practice led initiative which resulted in the seasonal workers being accompanied at appointments by a person who could translate for them.

- The system in place for managing and monitoring significant events was extremely robust. The summary details were logged on a spreadsheet, which contained hyperlinks to the full discussion and decision process. This system originated in 2005 and had been adopted by other practices.

The area where the provider should make improvement is:

- Review the arrangements for checking on any uncollected prescriptions.

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



- The system for reporting and recording significant events was robust and well embedded. Staff were encouraged to raise concerns and were familiar with the process for doing so.
- Incidents were analysed in regular meetings and outcomes shared across the whole team to support improvement. Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information, and a written apology. They were told about any actions to improve processes to prevent a recurrence.
- The practice assessed risks to patients and had implemented systems to manage specific risks such as infection control, medical emergencies and fire safety.
- There was a GP lead for safeguarding, who personally briefed all new staff on their safeguarding responsibilities and kept all staff updated.
- There were enough staff on duty to keep patients safe and the practice was clean and tidy.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) 2014/15 showed that patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had a long tradition of carrying out clinical audits, which were used to drive improvements to patient care.
- Staff had the skills, knowledge and experience appropriate to their roles to deliver effective care and treatment.
- Appraisals were carried out on an annual basis and personal development plans were agreed with all staff.
- Staff worked with other health care professionals 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



# Summary of findings

- Data from the National GP Patient Survey published in January 2016 showed that patients rated the practice higher than others for several aspects of care: 95% of patients said that the last GP they saw or spoke to was good at treating them with care and concern. This percentage rose to 97% for nurses.
- The practice had signed up to the Carers' Charter, which was part of advanced care planning. Care plans had been drawn up for 3% of the patient population who had been identified as being at risk. Care plans had been introduced before they became part of national policy.
- A receptionist was the designated carers' lead in the practice and the practice had close links with Herefordshire Carers' Support. The practice had identified 1.2% of its patients as carers.
- Patients told us that staff treated them with compassion, dignity and respect and that GPs and nurses involved them in decisions about their care and treatment. Views expressed on comment cards and Friends and Family cards aligned with these opinions.
- Information for patients about the services available was easy to understand and accessible in the reception area and on the practice website.
- We observed that staff treated patients with consideration and courtesy, and maintained patient and information confidentiality.
- Views of external stakeholders were very positive and aligned with our findings. For example, the managers of two local care homes praised the level of support provided by the practice team and said that the GPs were extremely good.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice was aware of the needs of the local population and worked to deliver services to meet current and future needs. For example, a GP had recently increased their clinical sessions at the practice from two to seven per week.
- There were a number of seasonal farm workers from overseas registered with the practice, particularly during the summer months. The practice had met with the manager and welfare officer in order to discuss the services offered by the practice. The practice had agreed an interpreter policy with the farm employers; we were told by one of the welfare officers that this worked very well.

Good



# Summary of findings

- Patients said they found it easy to get through to the surgery by phone and to make an appointment with a named GP. Urgent appointments were available the same day.
- Patients we spoke with said that the GPs provided continuity of care.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear complaints system, which was easy to understand. We saw that the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. A comprehensive range of policies and procedures were in place to govern activity and staff knew how to access them.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The Patient Participation Group (PPG) was active. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and quality of care.
- There was a strong focus on continuous learning and improvement at all levels. For example, the quarterly educational programme was well established and all staff were encouraged to attend.

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. Longer appointments were available if needed.
- Although patients were able to sign up to online services, older, frail patients were still able to request repeat prescriptions by phone.
- Consulting rooms were all situated on the ground floor, which meant that there were no stairs to negotiate.
- The practice had responsibility for seven local care homes. The managers of 2 homes said that the GPs were thoughtful, understanding and very efficient.
- The practice had developed close links with Hereford Carers Support, who were due to attend the forthcoming flu clinics.
- A receptionist acted as lead for carers' support.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Achievement data from the Quality and Outcome Framework 2014/15 showed that 95% of patients with diabetes had a foot examination in the last 12 months. This was above the Clinical Commissioning Group (CCG) average of 90% and above the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP. Systematic medicines reviews were offered at least annually.
- Chronic disease management was co-ordinated by a GP, a nurse and an administrator, which ensured a consistent organisational approach.

# Summary of findings

- The practice had identified 3% of the patient population as being at high risk of hospital admission. Advance care planning was offered to all these patients. Monthly meetings took place with a multidisciplinary team to review at-risk patients.
- Clinical staff were leads for asthma, chronic obstructive pulmonary disease (COPD) and diabetes.
- Diabetic patients were started on insulin treatment in conjunction with the community diabetic team.
- NHS health checks and healthy lifestyle advice (smoking cessation, exercise) were provided by the nursing team.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk. For example, children who did not attend hospital appointments were reviewed by the safeguarding lead every three months. The safeguarding lead met regularly with the health visitor to discuss children and young people who were considered to be at risk.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- There was a specially decorated area, adjacent to the main reception area, which was set aside for children with books and toys. There was a baby change facility and plenty of room for pushchairs or prams to be parked in the foyer.
- Clinical rooms were all situated on the ground floor with easy access.
- Appointments were offered after school hours on every working day. Urgent sit-and-wait appointments were also available.
- The health visitor held a drop-in clinic every Tuesday afternoon, which coincided with the baby vaccination clinics.
- The midwife ran an ante-natal clinic on Wednesday afternoons.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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).

Good





# Summary of findings

- 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.
- Patients could book routine GP appointments online as well as request repeat prescriptions. Five telephone appointments were available to pre-book before each surgery.
- In addition to the choice of pre-booked or on-the-day appointments, patients could attend the urgent sit-and-wait appointments, which were available from Monday to Friday.
- The practice hosted the extended hours hub at weekends, which was appreciated by patients.
- Cervical screening uptake was 80%, which was in line with CCG and national averages.
- The practice offered a range of contraceptive services, including coils and implants.
- NHS health checks were offered to patients aged between 40 and 75.
- Saturday morning flu clinics were held every autumn, which provided extra flexibility for those patients who could not attend during the working week.

## 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 was very flexible with regards to registering homeless patients and travellers. For example, we saw that the practice had recorded an address as the local swimming pool car park.
- The practice offered longer appointments for patients with a learning disability.
- The practice held regular meetings with the multi-disciplinary community team to discuss the management of vulnerable patients.
- Vulnerable patients and their families were advised how to access various support agencies and voluntary organisations.
- Staff had been trained to recognise signs of abuse in vulnerable adults and children. All staff had safeguarding training as part of their induction and regular training sessions were held. Staff were aware of their responsibilities with regard to information

Good



# Summary of findings

sharing and documentation of safeguarding concerns. The most recent safeguarding training session was held in January 2016. Contact details were readily available for the relevant agencies in normal working hours and out of hours.

- There were a number of seasonal farm workers from overseas registered with the practice, particularly during the summer months. The practice had met with the manager and welfare officer in order to discuss the services offered by the practice. The practice had agreed an interpreter policy with the farm employers.

## 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).

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average and 4% above the national average.
- 91% of patients with poor mental health had a care plan documented in the last 12 months, which was in line with the CCG average of 92% and 3% above the national average.
- A dementia outreach nurse held clinics once a month and could signpost to local support services.
- A primary care mental health nurse came to the practice on a weekly basis. The nurse provided short term intervention, as well as signposting to other agencies.
- The practice held monthly meetings with the community multi-disciplinary teams to discuss the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia: 96% of patients with dementia had been sent advance care planning paperwork.
- Information about how to access various support groups and voluntary organisations was available in reception and on the practice website.
- All accident and emergency reports for patients who may have been experiencing poor mental health were promptly reviewed by a GP and followed up as appropriate.
- There was a GP lead for mental health and staff showed that they understood how to support patients with mental health needs and dementia. The GP lead for safeguarding presented a mental capacity update to all staff in January 2016.

Good



# 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 that the practice was performing higher than local and national averages. 236 survey forms were distributed and 121 were returned. This represented a 51% completion rate.

- 96% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 96% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 44 comment cards which were all positive about the standard of care received. Patients wrote that they were always treated courteously and professionally and that it was a first class surgery.

We spoke with 17 patients during the inspection, eight of whom were members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice, who worked with the practice team to improve services and quality of care. All 17 patients said that they were very satisfied with the care they received from both clinical and non-clinical staff. We were told that patients could not speak highly enough of the practice and that they considered themselves lucky to have such caring and professional GPs.

We viewed feedback from the NHS Choices website, which aligned with these views; patients commented on the efficient, friendly and thorough service. Friends and Family Test results showed that 91% of the patients who completed the cards would recommend the practice (35 responses), which correlated with the result from the NHS Patient Survey 2014/15 listed above.

## Areas for improvement

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

The area where the provider should make improvement is:

- Review the arrangements for checking on any uncollected prescriptions.

## Outstanding practice

We saw two areas of outstanding practice:

- The practice had proactively engaged with a manager and the welfare officer of a local farm where many seasonal workers from overseas were employed in order to facilitate access to the practice services. This was a practice led initiative which resulted in the seasonal workers being accompanied at appointments by a person who could translate for them.
- The system in place for managing and monitoring significant events was extremely robust. The summary details were logged on a spreadsheet, which contained hyperlinks to the full discussion and decision process. This system originated in 2005 and had been adopted by other practices.

# Pendeen Surgery

## 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 advisor, a second CQC inspector, a practice nurse specialist advisor, a practice manager specialist advisor and an Expert by Experience. An expert by experience is a person who has experience of using this particular type of service, or caring for somebody who has.

## Background to Pendeen Surgery

Pendeen Surgery is located just to the south of the market town of Ross-on-Wye. The practice is registered with the Care Quality Commission (CQC) as a partnership provider and delivers a full range of family medical services. Pendeen Surgery holds a General Medical Services (GMS) contract with NHS England. The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities. At the time of the inspection, Pendeen Surgery was providing medical care to approximately 8,300 patients.

The practice is suitable for wheelchair users and patients with poor mobility. The automatic front doors are also convenient for wheelchair users. All consultation rooms are situated on the ground floor, which means that there is easy access for patients. Car parking for patients is available at the practice and on the road outside.

The practice has a children's area set off the main reception. This area is visible to staff in reception. Toys and books are provided for the children. There is ample room for pushchairs or prams to be left in the foyer and baby changing facilities are provided.

There are two partners (one male, one female) and four salaried GPs (all female). The GPs are supported by a practice manager, four practice nurses, one health care assistant, one phlebotomist (plus one trainee phlebotomist) and administrative and reception staff.

Pendeen Surgery is also a teaching practice and there is currently one trainee GP working at the practice. A trainee GP is a qualified doctor who is training to become a GP through a period of working and training in a practice.

There is a pharmacy on site, which is run independently of the practice.

The practice is open from 8am to 6.30pm. Appointments are offered from 9am to 6pm every week day. There is provision for 'urgent extras' to be seen at 12 mid-day and at 5pm. The practice hosts the GP Access Service at weekends, when patients can see a GP or nurse between 10am and 2pm on Saturdays and Sundays. At all other times when the practice is closed, cover is provided by the NHS 111 service.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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

Before our inspection of Pendeen Surgery, we reviewed a range of information that we held about the practice and asked other organisations to share their knowledge. We also viewed nationally published data from a variety of sources, including NHS Herefordshire Clinical Commissioning Group (CCG), NHS England and the National GP Patient Survey published in January 2016. We looked at policies, procedures and other information provided by the practice in advance of the inspection. The practice was also sent comment cards for patients to complete with their experiences of the practice.

The announced inspection took place on 7 June 2016. During our inspection we spoke with a range of staff that included GPs, the practice manager, a practice nurse, and reception and administrative staff. We also spoke to 17 patients, eight of whom were members of the Patient

Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice to improve services and the quality of care. We spoke with managers of two local care homes, a welfare officer from a local farm and the pharmacy manager.

We observed how patients were being cared for and reviewed the comment cards, which patients had completed.

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).

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The summary details were logged on a spreadsheet, which contained hyperlinks to the full discussion and decision process. This system originated in 2005 and had been adopted by other practices. Discussion of significant events was a standing item on the agenda of the practice educational meetings.
- 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 support, information, a written apology and were told about any actions to improve processes to prevent a recurrence.
- The practice carried out a thorough analysis of the significant events.

There was a robust system in place to act on patient safety alerts, for example, from the Medicines and Healthcare products Regulatory Agency (MHRA). The practice manager received all MHRA alerts and circulated them to the appropriate clinical and non-clinical staff. We viewed one alert which advised that certain blood glucose meters no longer conformed to EU regulations. A nurse had identified 15 patients who used the devices and was in the process of contacting them so that the meters could be exchanged for compliant ones.

### 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. The lead GP for safeguarding briefed all new staff about their safeguarding responsibilities as part of their induction and kept all staff updated. The most recent safeguarding training session was held in January 2016. 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 3.

- 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. All chaperones had a log of face-to-face training and online training received, and appropriate records were kept when examinations were observed.
- The practice maintained appropriate standards of cleanliness and hygiene. The practice had invested in the premises over the last two years to bring rooms up to an acceptable clinical standard. Hard flooring, splashbacks and wipeable surfaces were among the improvements. We observed the premises to be visibly clean and tidy. There were comments on 10 cards which referred specifically to the cleanliness and tidiness. The practice nurse was the infection control clinical lead who liaised with the local infection prevention and control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. The last infection control audit was carried out in April 2016. Issues were identified with the cleaning schedule and a second cleaner had been employed as a result of the findings.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. We viewed the draft prescriptions security protocol, which was work in progress. This protocol detailed a clear system for monitoring the use of prescriptions. There was no formal system to check on uncollected prescriptions. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had protocols in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The most recent fire drill took place in June 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. We saw that portable appliance testing and equipment calibration was carried out in April 2016. 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, infection control and Legionella. Legionella is a term for a particular bacterium which can contaminate water systems in buildings.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place to ensure enough staff were on duty and staff told us that they covered for each other during annual leave or sickness.

### 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. Emergency medicines were securely stored and easily available to staff. All the medicines we checked were in date.
- The practice had a defibrillator available on the premises and two oxygen cylinders with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as loss of electricity, water and telephone or building damage. The plan included a cascade system and emergency contact numbers for staff. Hard copies were held offsite by the senior GP partner, practice manager and office manager. There was also a copy by the fire-alarm exit door.



# 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. NICE is the organisation responsible for promoting clinical excellence and cost-effectiveness and producing and issuing clinical guidelines to ensure that every NHS patient gets fair access to quality treatment.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE via an icon on the practice computer and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF is a system intended to improve the quality of general practice and reward good practice. Data from 2014/15 showed:

- The practice achieved 98% of the total number of points available. This was in line with the Clinical Commissioning Group (CCG) and national averages.
- Exception reporting was 12%, which was 3% above both the CCG 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.
- Performance for diabetes related indicators was better than the CCG and national averages. For example, 95% of patients with diabetes had a foot examination in the last 12 months, which was 5% above the CCG average and 7% above the national average.
- 91% of patients with poor mental health had a comprehensive care plan review completed within the last 12 months. This was 1% below the CCG average and 3% above the national average. The exception reporting

for this indicator was high at 34%. This was 20% above the CCG average and 21% above the national average. The practice explained that this was due to low patient numbers.

- The percentage of patients with hypertension (high blood pressure) having regular blood pressure tests was 86%, which was 2% above both the CCG and national averages.
- We saw evidence of high quality prescribing outcomes in the CCG Medicines Metrics feedback. For example, the practice was rated the best out of 24 local practices for the low prescribing of 'high risk' antibiotics.

The practice actively participated in local or CCG instigated audits, national audits, national benchmarking, accreditation and peer review. The system for undertaking regular in-house clinical audits, which were used to drive improvements to patient care was well embedded and comprehensive. Recent audits included chronic kidney disease, warfarin and cancer diagnosis.

- Findings were used by the practice to improve services. For example, after a patient was admitted to hospital with acute kidney injury, the practice reviewed their management of chronic kidney disease (CKD). An audit was carried out on medicines prescribed for patients with CKD and results showed an improvement in prescribing practices.
- A two-cycle audit regarding the use of inhalers in patients with lung conditions demonstrated positive benefits of a certain treatment which became part of the practice's respiratory disease management programme.

### 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 had a comprehensive training programme in place. We viewed the 2016 schedule for the half day educational meeting dates, which were arranged on a quarterly basis. GPs had informal meetings most months, which GPs took turns to organise. Quarterly meetings took place with the Macmillan nurse. Monthly multi-disciplinary meetings were attended by district nurses, a social worker, a physiotherapist and an



# Are services effective?

## (for example, treatment is effective)

occupational therapist. The nursing team met once a week. We saw evidence that discussions and decisions from these meetings was recorded and shared with appropriate staff.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines stayed up to date with changes to the immunisation programmes through access to on line resources, attendance at immunisation updates and discussion at practice meetings.
- Staff learning needs 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 and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and were expected to use e-learning training modules and attend in-house training.

### Coordinating patient care and information sharing

Staff had access to the information needed to plan and deliver care and treatment via the practice's clinical computer system and intranet.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets was also available to download.
- 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. We saw evidence that monthly meetings took place with other health care professionals and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Clinical staff we spoke with showed that they understood the importance of obtaining informed consent and had received training about the Mental Capacity Act (2005) (MCA). The MCA provides a legal framework for acting and making decisions on behalf of adults who lacked the capacity to make decisions for themselves. The most recent training session was delivered in January 2016.

Clinical staff were clear about the requirement to assess children and young people using Gillick competence and Fraser guidelines when providing care and treatment. Gillick competence was used to decide whether a child (16 years or younger) was able to consent to his or her own medical treatment, without the need for parental permission or knowledge. Fraser guidelines relate specifically to contraception and sexual health advice and treatment.

### Supporting patients to live healthier lives

The practice identified patients who might 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. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80% which was in line with the CCG and national averages of 81% and 82% respectively. 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 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. The uptake for bowel cancer screening was 63% compared to the CCG average of 61% and the national average of 58%. The uptake for breast screening was 76% compared to the CCG average of 74% and the national average of 72%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two

## Are services effective?

(for example, treatment is effective)

year olds ranged from 75% to 98% compared to the CCG averages of 81% to 97%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 88% to 97% compared to the CCG averages of 87% to 95%.

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

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed that 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. This service was advertised in a notice on the reception desk.
- Reception staff told us that they limited the use of the phone on the front desk in order to preserve patient confidentiality.

All of the 44 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said that they thought that the GPs could not be more helpful and they appreciated the fact that GPs took the time to listen to them. Reception staff were considered to be helpful, kind and polite. Patients commented on the professionalism of all the practice team.

We spoke with eight members of the Patient Participation Group (PPG). A PPG is a group of patients registered with the practice who worked with the practice team to improve services and the quality of care. The PPG told us that 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 published in January 2016 showed that patients felt that 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:

- 97% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

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

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

Results from the National GP Patient Survey 2016 showed that 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:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 93% and the national average of 85%.

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. We were told that an interpreter policy had been agreed with the manager and welfare officer of the local farm, which employed seasonal workers who did not have English as a first language.

## Are services caring?

### **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 103 patients as

carers, which represented 1.2% of the practice list. Written information was available in reception and on the practice website to direct carers to the various sources of support available to them. A receptionist acted as lead support for carers and there was an article about registering as a carer in the May edition of the practice newsletter.

Staff told us that if families had suffered bereavement, their usual GP contacted them either in person or by phone and offered advice on support agencies.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- Home visits were available for older patients and patients who had clinical needs which meant that it was difficult for them to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Longer appointments were available for patients with a learning disability.
- The practice had actively engaged with the manager and welfare officer of the local farm where many seasonal workers from overseas were employed in order to facilitate access to the practice services. We spoke with one of the welfare officers who said how well this system worked.
- The practice was very flexible with regard to registering addresses for travellers, so that they could access the services.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There was a separate children's area with toys and books.
- Disabled facilities, a hearing loop and translation services were available. The wide path and automated front door made access easier for patients using mobility scooters or wheelchairs.

### Access to the service

The practice was open from 8am to 6.30pm during the week. Appointments were offered from 9am to 6pm every week day. There was provision for 'urgent extras' to be seen at 12 mid-day and at 5pm. Every surgery had five phone slots. Extra calls could be fitted in or were handled by the duty GP. The practice hosted the GP Access Service at weekends, when patients could see a GP or nurse between 10am and 2pm on Saturdays and Sundays. Routine appointments could be booked up to eight weeks in advance.

Results from the National GP Patient Survey published in 2016 showed that patient's satisfaction with how they could access care and treatment was significantly higher than local and national averages.

- 90% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and the national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and the national average of 73%.
- 82% of patients with a preferred GP usually got to see or speak to that GP compared to the CCG average of 65% and the national average of 59%.
- 85% of patients felt that they did not normally have to wait too long to be seen compared to the CCG average of 64% and the national average of 58%.

Patients told us on the day of the inspection that they did not have any problems getting appointments. Patients who wanted to request a home visit were asked to phone before 10am whenever possible. All requests for home visits were assessed by a GP.

### Listening and learning from concerns and complaints

The practice had a well-established 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 GP lead for complaints, but the day to day responsibility for handling complaints was devolved to the practice manager.
- We saw that information was readily available to help patients understand how to complain in reception and on the practice website.

We looked at 12 complaints received in the last 12 months and found that there was a robust and transparent system for investigating and handling complaints. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, training on telephone technique was organised after a complaint about a receptionist's attitude.

# 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's mission statement outlined the vision for 'working in partnership to provide a caring and quality service'. This mission statement was displayed on the noticeboards in reception and on the practice website. It was clear that staff shared this ethos and worked towards delivering a high quality service to patients. There was a high level of commitment and loyalty across the practice.

The GP partners and practice manager were keen to promote continual development of the whole team in order to ensure resilience and flexibility. For example, a new management team had been appointed to support the practice manager. The practice manager was due to be absent from the practice for a while and the senior management team had met to ensure a smooth transfer of management responsibilities.

Three GP partners had left or retired from the practice in the last two years. In order to maintain a good service to patients, the practice developed a strategy to recruit a team of salaried GPs, review the working day and resign from their work at the local community hospital. In addition, the practice was aware of the pressure to provide sufficient appointments in the light of the growing list size. Although patients we spoke with were very satisfied with the current availability, one of the GPs had just increased her days from one to four each week.

### Governance arrangements

A comprehensive range of policies and procedures was available to all staff on the practice intranet. All staff we spoke with confirmed that they clearly understood their roles and responsibilities within the practice.

Educational meeting dates had been planned for the whole of 2016. Quarterly half day educational meetings were held for the entire practice team. GPs had informal meetings most months, which GPs took turns to organise. Quarterly meetings took place with the Macmillan nurse. Monthly multi-disciplinary meetings were attended by district nurses, a social worker, a physiotherapist and an occupational therapist. The nursing team met once a week. We saw evidence that discussions and decisions from these meetings were recorded and shared with appropriate staff.

Clinical staff had lead roles and specific areas of interest. These roles included women's health and contraception, safeguarding, mental health and substance misuse.

A programme of continuous clinical and internal audit was used to monitor quality and to deliver improvements.

There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Safe, high quality and compassionate care were given high priority. Staff told us that the GP partners and practice manager were approachable and always took the time to listen to all members of staff.

The partners were 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. We saw evidence that the practice was a learning organisation with a no-blame attitude.

When unexpected or unintended incidents occurred, the practice explained the sequence of events to patients and offered a full apology. Records of actions taken were viewed.

There was a clear leadership structure in place and staff told us that they were supported by the GP partners and management team. Staff told us there was an open culture within the practice and that they knew that their contribution to the practice was valued.

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

The practice welcomed 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. A PPG is a group of patients registered with the practice who worked with the practice team to improve services and

# Are services well-led?

Good 

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

the quality of care. Members of the PPG said that the group acted as a critical friend to the practice and that the practice was always receptive to their suggestions, recognising the added value that the PPG brought to the practice. The PPG was affiliated to the National Association for Patient Participation, which promoted and supported patient participation in primary care. The PPG met quarterly, arranged patient surveys and submitted proposals for improvements to the practice management team. For example, a mirror had been installed by the reception desk, so that staff could see patients in wheelchairs more easily (the reception desk counter was higher than the height of wheelchairs) and there was a reserved area for wheelchair users in reception whilst they waited for their appointment. We viewed the action plan that had been drawn up as a result of the patient survey, which had been organised by the PPG. The action plan included a timeline for improvements to be made, in response to suggestions from the survey. For example, male and female toilets would be converted into one large multi-use toilet, which would also have disabled facilities and a nappy changing facility.

- Staff were encouraged to put forward suggestions for improvement. They told us that the communication channels in the practice were very open and that their opinions were respected. All staff we spoke with confirmed that they could turn to any colleague for support.

## Continuous improvement

The GP partners encouraged continuous professional development 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.

One of the GP partners had organised GP training in the practice since 1996 and was also responsible for organising the practice's educational programme, so that the practice team would be up to date with current guidance.

The practice actively engaged with federative working and working to scale. For example, the practice had participated in the Taurus Healthcare scheme to provide extended access in hubs across Herefordshire and one of these hubs was based at Pendeen Surgery at the weekends.