

# Dr Keith Malone

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Keith Malone (Tudor Surgery) on 6 July 2016. Overall the practice is rated as good.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice implemented suggestions for improvements and made changes to the way it

delivered services. This was done as a consequence of feedback from patients and from the patient participation group, for example the planned works to increase privacy in the reception area.

- Information about services and how to complain was available and easy to understand. Complaints were dealt with effectively and were comprehensively documented.
- Patients said they sometimes found it difficult to make an appointment with a named GP; however there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The leadership team displayed innovation and continually strived to improve services to patients.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

# Summary of findings

- The practice had introduced an initiative to better involve patients in their own health. This involved contacting patients with chronic conditions and inviting them for consultations with the practice nurses, the first being 30 minutes to establish current health data. A report was then sent to the patient detailing the findings and any changes since the last data and a questionnaire about what the patient wished to achieve. There was then a second 40 minute appointment with the senior nurse to discuss the findings and identify ways to improve health.

The areas where the provider should make improvement are:

- To review recruitment procedures to ensure all requisite documentation were recorded and retained.
- Ensure that verbal complaints are recorded and included in the complaint review process.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement, though lacked a strategic plan.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff based on the practice development plan.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they did not always find it easy to make an appointment with a named GP, however there was continuity of care, with urgent appointments available the same day.
- The practice had excellent facilities and was well equipped to treat patients and meet their needs. The patient participation group (PPG) was active and assisted the practice in improving patient experiences at clinics.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the practice mission statement and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings to discuss governance issues.
- There was a 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 GPs and practice manager encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and supported patients' needs and welfare.

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice 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 and longer appointments for those with enhanced needs.
- A lift was provided for people needing wheelchair access. A hearing loop was available for those patients who required one and documentation could be produced in Braille for those patients who required it.

### 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.
- The practice was performing comparably to the local and national averages for patients with diabetes, The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 81.6% compared to a national figure of 78% and a CCG figure of 81.4%
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had introduced a consultation process with nurses for patients with chronic diseases.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice was performing comparably to the local and national averages for cervical screening, data showed that the percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 82.3% compared with 81.8 nationally and 82% within the CCG.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Baby clinic were held on a regular basis.
- We saw positive examples of joint working with school nurses and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours were available on Thursdays 6.30pm to 7.30pm and on alternate Tuesday mornings from 7am to 8am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## 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 those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

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The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had signed up as dementia friends.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages, 247 survey forms were distributed and 114 were returned. This represented 2.6% of the practice's patient list and a 46% return rate, the results showed that;

- 83% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 90% 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 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%).

- 68% 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 21 comment cards 18 of which were positive about the standard of care received, three patients expressed reservations over the telephone call back system employed by the practice.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were outstanding, caring and professional. There had been three responses to the "Friends and Family test" survey over the previous three months resulting in two patients saying they were extremely likely to recommend the practice and one that was not.

## Areas for improvement

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

- To review recruitment procedures to ensure all requisite documentation were recorded and retained.
- Ensure that verbal complaints are recorded and included in the complaint review process.

## Outstanding practice

- The practice had introduced an initiative to better involve patients in their own health. This involved contacting patients with chronic conditions and inviting them for consultations with the practice nurses, the first being 30 minutes to establish current health data. A report was then sent to the patient detailing the findings and any changes since the last data and a questionnaire about what the patient wished to achieve. There was then a second 40 minute appointment with the senior nurse to discuss the findings and identify ways to improve health.

# Dr Keith Malone

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience (a person who uses services themselves and wants to help CQC to find out more about people's experience of the care they receive).

## Background to Dr Keith Malone

Dr Keith Malone (Tudor Surgery) is based in a purpose built facility in the centre of the village of Nantwich and close to local amenities. The practice is based in a less deprived area when compared to other practices nationally. The male life expectancy for the area is 80 years compared with the CCG averages of 79 years and the National average of 79 years. The female life expectancy for the area is 83 years compared with the CCG averages of 83 years and the National average of 82 years. There were 4,374 patients on the practice list at the time of inspection.

The practice has one lead GP, two salaried GPs and a number of regular locum GPs. The practice has two practice nurses, a pharmacist, a healthcare assistant (HCA), a practice manager, reception and administration staff.

The practice is open Monday to Friday from 8.00am to 6.30pm. Extended hours are available on Thursdays from 6.30pm to 7.30pm. Patients requiring GP services outside of normal working hours are referred on to the local out of hour's provider N.E.W. operated by the East Cheshire Trust.

The practice has a General Medical Services (GMS) contract. In addition the practice carries out enhanced services such as health assessments for patients with learning disabilities and flu vaccinations.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 6 July 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, reception and administration staff and the practice manager. We also spoke with patients who used the service and members of the PPG.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed anonymised samples of the personal care or treatment records of patients.

# Detailed findings

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a template available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice held regular documented meetings to discuss and review significant events (SEA) s and complaints; they conducted an annual SEA and complaints review and reviewed any prescribing issues.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw an issue relating to a prescription issue error had been discussed by both clinical and non-clinical staff and measures put in place to prevent a re-occurrence. Minutes of meetings showed that these alerts had been discussed at clinical meetings and dealt with appropriately.

### 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 on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for

safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Home visits were prioritised by the GPs based on the risk that was presented; a policy was in place in relation to this and risk was highlighted on a red, amber green system.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who had recently received enhanced training for the role; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We saw that the infection control lead also conducted additional three monthly mini audits and had made a number of improvements since having taken responsibility for the role
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We noted that some fridge temperatures had not been recorded and this coincided with the nurse who was

# Are services safe?

responsible for this being off work on those dates. We spoke to the practice manager about this and they told us that deputies would be appointed to carry out this role in future.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found most appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Some recruitment files did not contain records of interviews and those that did lacked detail, some files did not contain a health declaration. The practice manager told us that this would be addressed with any future recruitment.

## 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. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and a manual alarm button was located at the reception desk.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments and audits, the audits we reviewed were well thought out although there was no apparent overall strategy around how auditing could improve quality.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available. This was higher than the local and national figures of 97 and 95% respectively. QOF exception figures were comparable or lower than the local and national figures.

This practice had three outliers for QOF (or other national) clinical targets, these were discussed with the lead GP and were appropriately explained and being dealt with. Data published in October 2015 showed:

Performance for diabetes related indicators was similar to the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 81.6% compared to the local and national figures of 81.4% and 78% respectively.

Performance for mental health related indicators was similar to the national average, for example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in

the preceding 12 months (01/04/2014 to 31/03/2015) was 91.6%, as compared with local and national figures of 92.3 and 88.5% respectively. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% compared to the local and national figures of 85.9% and 84% respectively.

There was evidence of quality improvement including clinical audit. There had been several clinical audits completed in the last two years where the improvements made were implemented and monitored (sore throats, disease-modifying anti-rheumatic drugs (DMARDs which are a group of medications commonly used in patients with rheumatoid arthritis and GP led telephone appointments). An audit on the use of Quinolones & cephalosporins (anti-biotics) demonstrated a significant reduction in 2015/16.

- The practice participated in local audits, national benchmarking and accreditation. We noted an award from the University of Manchester for "excellence in teaching and quality improvement." In 2014/15.
- The practice provided a blood pressure monitor in the waiting area so that patients could check their own readings before consultations.

### Effective staffing

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

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



# Are services effective?

## (for example, treatment is effective)

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

- A pharmacist and a health care assistant had been recently employed to take on some of the clinical responsibility previously held by the GPs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Nurses we spoke with were particularly praising of the time the lead GP took to mentor and educate them. All staff had received an appraisal within the last 12 months. Staff we spoke with told us that they were able to contribute effectively to the appraisal process and were given time prior to the meeting to prepare and complete a pre appraisal form
- Staff received training that included: safeguarding, fire safety awareness and basic life support. Staff had access to and made use of e-learning training modules, external and in-house training.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a regular basis when care plans were routinely reviewed and updated for patients with complex needs and those in the last years of their lives. Staff told us they had a particularly strong relationship with the district nurses.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We discussed with the lead GP how they might better document patients consent.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking cessation and those with diabetes. Patients were signposted to the relevant service many of which were available in house or by community services located within the building
- A number of other services were available on site in this purpose built medical centre.

The practice's uptake for the cervical screening programme was 82.3%, which was comparable to the CCG average of 82% and the national average of 81.9%. There was a policy to offer telephone reminders, text messages and letters 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.

- The practice had introduced an initiative called "Annual Care"; this was in its second year. This involved contacting patients with chronic conditions and inviting them for consultations with the practice nurses, the first being 30 minutes to establish current health data. A report was then sent to the patient detailing the findings and any changes since the last data and a questionnaire about what the patient wished to achieve. There was then a second 40 minute appointment with the senior nurse to discuss the findings and identify ways to



# Are services effective?

(for example, treatment is effective)

improve health. The initiative was already demonstrating positive results for patients. Staff running the initiative told us they intended to gather some data to further evidence its success.

Childhood immunisation rates for the vaccinations given were above the CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 100% and five year olds from 93% to 100%.

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 members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues and could offer them a private room located adjacent to the reception desk to discuss their needs.

18 of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were professional, caring and treated them with dignity and respect. Some patients said they preferred a face to face appointment rather than the initial telephone consultation with the GP. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We noted that the practice nurses had covered district nurses duties for a short period when there had been a crisis in the district nursing team, there was no requirement for them to do this, but it demonstrated the caring nature of the staff at the practice.

We spoke with one member of the patient participation group (PPG). They told us they were highly 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 felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.

- 82% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 93% 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%.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

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

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice manager told us that easy read and braille patient information was available on request to assist the patient in understanding the care and treatment they were being provided.

### **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 30 patients as

carers (0.7% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Staff acted as dementia friends and one member of staff was the carer's lead. A carers' board was displayed in the reception area and on the website, giving information and signposting carers to support and guidance.

One of the GPs with additional training at the practice was responsible for carrying out healthcare checks with all patients who were identified as having mental illness or a learning disability. This meant that there was a consistent approach to the care and welfare of these patients.

Staff told us that if families had suffered bereavement, all staff were alerted as were the district nurses and pharmacy.

# 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. Since 2012 the practice had operated a GP telephone triage system where all patients were spoken to on the same day by a GP to assess their needs. The lead GP told us that this had been introduced quickly and without proper marketing and patient consultation. Initially the system was not well received; however its popularity has increased as patients became more familiar with the system. Data supplied by the practice demonstrated the increased accessibility to patients and the decreased time in seeing and speaking to a GP from initial patient contact. The lead GP said that further marketing work was planned to further increase patient understanding of the benefits of the system.

- The practice offered extended hours on Thursdays between 6.30pm and 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for all patients with increased urgency available for children and those patients with medical problems that require more urgent consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to improve access for people requiring wheelchairs.
- The patient participation group (PPG) was active and assisted the practice in improving patient experiences at some of the clinics.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours appointments were offered Thursdays 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to the local and national averages. However satisfaction relating to speaking to their preferred GP was lower, the lead GP recognised this issue was due to the higher number of locum GPs the practice used.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 83% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 73%.
- 40% said they could usually get to speak to their preferred GP compared to the CCG average of 63% and the national average of 59%.
- 

People told us on the day of the inspection that they were able to speak to a GP when they needed to, some patients told us they preferred a face to face appointment.

The practice had a system and a policy in place to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. Posters were displayed in the waiting area and information about making complaints was included in the practice information pack.

There were 12 complaints received and recorded by the practice in the last 12 months, we saw that they were recorded and dealt with appropriately. Complaints were

discussed at weekly meetings and reviewed regularly. Lessons were learnt from individual concerns and complaints and shared with all staff. We spoke to reception staff who told us they were confident to deal with minor complaints; however they did not routinely record these complaints. This meant that the practice were unable to review verbal complaints and identify trends.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- Regular team meetings took place to discuss matters such as; quality, significant events, QOF and complaints.
- The practice had a robust strategy and supporting development plan which reflected the vision and values and were regularly monitored.
- The lead GP was forward thinking and recognised the challenges of the changing topography for GP practices, for example the difficulties of recruiting new partners and salaried GPs.

### Governance arrangements

The practice had an overarching development plan which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. Some policies were in need of review and the practice manager told us that this would be completed as soon as possible.
- A comprehensive understanding of the performance of the practice was maintained
- The practice engaged in regular clinical and internal audit to monitor quality and to make improvements. Auditing would be more effective by developing a programme of prospective audits, which are agreed, and tailored to the needs of the practice.
- There were effective arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The lead GP in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the GPs and management team were approachable and always took the time to listen to all members of staff.

The management team at the practice 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 managers encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, they had systems in place to give affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted protected learning time was provided on a monthly basis.
- Staff said they felt respected, valued and supported and the ones we spoke with said they very much enjoyed working there. All staff were involved in discussions about how to run and develop the practice, and the managers encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and

# Are services well-led?

Good 

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

through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.

- The practice had gathered feedback from staff through daily discussion with staff, weekly team meetings and the appraisal system. Staff told us they would not

hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

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