

# Caistor Health Centre

## Quality Report

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Date of inspection visit: 14 December 2016  
Date of publication: 03/03/2017

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 Caistor Medical Centre on 14 December 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Although staff were aware of the Mental Capacity Act and the issues of assessing a patients mental capacity, no formal training had been provided and some lacked confidence in it's use.
- 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.
- The practice was responsive to the needs of patients and tailored its services to meet those needs.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. However we observed a patient receiving treatment through an unobscured window.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The access to GPs and clinicians through the telephone triage system was effective and same day face to face appointments were available where appropriate.
- The practice facilities and equipment met patient needs.
- There was a clear leadership structure and staff felt supported by management.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Impress upon staff the importance of patient privacy being maintained at all times.

# Summary of findings

- Ensure staff receive appropriate training with regard to the Mental Capacity Act and the Deprivation of Liberty Safeguards.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events
- Lessons were shared 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.
- Medicines were effectively and safely managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse although staff had not received training with regard to the Mental Capacity Act.
- Risks to patients were assessed and well managed.
- There were effective systems in place to ensure the practice could continue to function in the event of foreseeable events such as fire, flood or loss of utilities.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the CCG national average.
- The overall QOF achievement was 99%, which was 4% above both the CCG and national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for 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



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality although we did observe through an unobscured window a patient being treated.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients with a medical need were able to see or have a telephone consultation with a GP or clinician on the day. Clinical assessments were all made by GPs or an appropriately trained and qualified clinician.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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.
- GPs and staff were engaged with the wider healthcare community.
- 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 for all staff groups.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

The practice 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.
- They had identified 556 patients aged 75 and over all of whom had a named accountable GP.
- Offered new patient reviews following registration as well as regular reviews by GP and nurses through a variety of prompts.
- The nurse practitioner conducted a weekly visit to the largest of its care homes where patients of the practice lived.
- The practice participated in the clinical commissioning group initiated Older Adults Service and provided additional care to meet the needs of this group of patients.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- GPs and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the Quality and Outcomes framework showed that the clinical indicators for diabetes care were 99%, which was 6% above the CCG and 9% above the national average.
- The practice offered recalls for 'non-QOF' conditions such as pre-diabetes, valvular heart disease and metabolic monitoring.
- Home visits to patients with long term conditions who were unable to attend the surgery were undertaken by the nurse practitioner.
- 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.

### Families, children and young people

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

Good



# Summary of findings

- The practice offered a full range of long-acting reversible contraception.
- Nurses provided sexual health and contraceptive advice to patients of all ages.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Rates of cervical screening were in line with both CCG and national figures.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice provided a full range of immunisations for babies, children and young people. Immunisation rates were comparable to other practices for standard childhood immunisations.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- NHS 'well person' checks are offered for patients aged 40-74 and the practice has achieved 68% of its target for undertaking these checks.
- Weekend influenza clinics have been held to meet the needs of working patients.
- Appointments outside of normal consultation hours can be offered where necessary.

**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 had 16 patients on its learning disability register and offered longer appointments for patients in this group.
- 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.
- Staff had received training in learning disability awareness.

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

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive agreed care plan documented in the record in the preceding 12 months was 97%, which was 17% above the CCG and 8% above the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had identified 51 patients experiencing poor mental health and told them how to access various support groups and voluntary organisations.
- There was a good understanding of how to support patients with mental health needs and dementia. Staff had received specific training in dementia awareness.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 217 survey forms were distributed and 108 were returned. This represented a return rate of 50% compared to the national average of 38%.

- 68% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 76% 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%.

- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 75% 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 79%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were positive about the standard of care received. They commented upon the caring attitude of staff and GPs, the quality of care and the cleanliness and facilities at the surgery. One respondent expressed their concerns about the time taken to see a GP of choice.

## Areas for improvement

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

- Impress upon staff the importance of patient privacy being maintained at all times.

- Ensure staff receive appropriate training with regard to the Mental Capacity Act and the Deprivation of Liberty Safeguards.

# Caistor Health Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team consisted of CQC lead inspector, two further CQC inspectors, a GP specialist adviser and a practice manager specialist advisor.

## Background to Caistor Health Centre

Caistor Health Centre provides primary medical services to approximately 5,450 patients from a single surgery situated in the small town of Caistor, set in the Lincolnshire Wolds, 12 miles from Grimsby and Lincoln 26 miles distant.

Public transport links are poor and there are pockets of rural deprivation and isolation.

The practice has a higher number of older patients than the national average. The practice has a higher number of patients with long term conditions than the national average.

At the time of our inspection the practice healthcare was provided by two GP Partners, one nurse practitioner, who is an independent prescriber (whole time equivalent WTE 0.88), two practice nurses (WTE 1.53) and three health care assistants (WTE 1.00). They are supported by a team of dispensers, management, administration, reception and housekeeping staff.

The practice is located within the area covered by NHS Lincolnshire East Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

The practice has a General Medical Services contract. (The GMS contract is a contract between general practices and NHS England for delivering primary care services to local Communities). It is a dispensing practice and provides the service to 43% of its patients.

The surgery is open from 8am to 6.30pm Monday to Friday.

The practice has opted out of providing out-of-hours services to their own patients. The out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust and is accessed by NHS111.

We had not previously inspected this practice.

## 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

We carried out an announced visit on 14 December 2016. Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We also reviewed comments recorded on the NHS Choices website and CQC 'share your experience' comments where people had told the CQC of their experiences.

# Detailed findings

During our visit we:

- Spoke with a range of staff including GPs, practice manager, dispensers, receptionists, nurses and administration staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with members of the Patient Participation Group

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We reviewed the six significant events that had been recorded in the previous 12 months and saw that they had been well investigated with good evidence collection and analysis.
- A member of staff told us of a serious event that had been reported and they said the issues were aired and views sought about the actions which could be taken to prevent recurrence at the monthly practice training sessions. They were able to tell us of the actions that had been agreed and implemented as a result.
- We saw evidence that when things had gone wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports and patient safety alerts. We saw evidence that lessons were shared and action was taken to improve safety in the practice. A member of staff told us they were informed of safety and medicines alerts through the practice email system and they were circulated to staff through a red notification. Any actions in relation to drugs were led by the dispensary manager. They said alerts and serious events were discussed at monthly training sessions.

### 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. A GP partner was the lead for safeguarding. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and the nurse practitioner and nurse were trained to child safeguarding level three, and healthcare assistants to level one.
- A notice in the waiting room and in consulting rooms 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 very clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. We found them to be knowledgeable and effective in their role. 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 reviewed four staff files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- We reviewed the files of locum GPs working at the practice and found them to be informative and that all appropriate recruitment checks had been undertaken.

### Medicines Management

- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at the Caistor health centre for patients on the practice list who did not live near a pharmacy. Dispensary staff showed us

## Are services safe?

standard operating procedures (SOPs) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), and a system was in place to ensure relevant staff had read and understood SOPs. There was a process in place to ensure that repeat prescriptions were signed before being dispensed. However staff we spoke with said that acute prescriptions including CD's (controlled drugs) could be dispensed from the electronic prescription and be signed later that day. We raised this with the dispensing staff who then revisited their SOP to reflect that all CD prescriptions should be signed prior to dispensing.

- There was a named GP responsible for the dispensary and staff told us they were an active presence in the dispensary. We saw records showing all members of staff involved in the dispensing process had received appropriate training, regular checks of their competency and annual appraisals. The GP responsible had monthly meetings with the dispensing staff to discuss concerns or new products.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse), and had an SOP in place covering all aspects of their management. Controlled drugs were stored in a controlled drugs cupboard, access to them was restricted and the keys held securely. Balance checks of controlled drugs were carried out regularly and there were appropriate arrangements in place for their destruction.
- Expired and unwanted medicines were disposed of in accordance with waste regulations. Staff routinely checked stock medicines were within expiry date and fit for use, and there was an SOP to govern this activity. There was a system in place for the management of high risk drugs. The dispensing staff did not dispense high risk drugs unless the prescription had been signed by a GP. If the system highlighted that reviews needed to be completed the dispensary would send a notification to the GP and would not dispense the medicines.
- A "near miss" record (a record of errors that have been identified before medicines have left the dispensary) was in place, which allowed the practice to identify trends and patterns in errors and take action to prevent reoccurrence. There were arrangements in place for the

recording of significant events involving medicines; the practice had acted to adequately investigate these incidents or review dispensing practices to prevent reoccurrence. We saw records relating to recent medicine safety alerts, and action taken in response to them.

- The practice had signed up to the Dispensing Services Quality Scheme (DSQS), which rewards practices for providing high quality services to patients using their dispensary. We saw evidence of audits relating to the dispensary.
- Weekly blister packs were offered to patients who needed support to take their medicines, we saw the process for the packing and checking of these was robust. Staff knew how to identify that medicines were not suitable for these packs and offered alternative adjustments to dispensing where possible.
- Blank prescription pads and prescriptions for use in printers were recorded upon receipt into the practice and stored securely. They were tracked through the practice in accordance with national guidance.

### 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 displayed which identified local health and safety representatives. 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 the control of substances hazardous to health, asbestos in buildings, 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.

## Are services safe?

### 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 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 defibrillator and oxygen available on the premises. A first aid kit and accident book were available.

The practice had a comprehensive disaster recovery and continuity plan in place for major incidents and foreseeable events that might affect the running of the practice such as power failure , building damage, loss of utilities or major incident.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. For example data from 2015/16 showed:

- Performance for diabetes related indicators was higher than both CCG and national averages.
- The practice achieved 99% in this clinical indicator and 100% for mental health related indicators.
- Overall clinical exception rates were 9.5% which was below both the CCG and national average.

There was evidence of quality improvement including clinical audit.

- We saw evidence of four clinical audits completed in the last two years, all were completed audits where the improvements made were implemented and monitored. They related to osteoporosis, cytology, methotrexate prescribing and ezetimibe prescribing.
- The practice participated in local audits, national benchmarking and accreditation.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and fitting intrauterine devices.
- There was evidence of continuing professional development of the advanced nurse practitioner. For example during 2016 the nurse practitioner had completed training with an external provider in cervical smears, immunisation, and within the last two years had completed training in travel health, COPD, wound care, and cardiovascular risk assessment.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training during protected learning time which was undertaken on one Thursday afternoon monthly.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Staff told they were able to make referrals to other services such as respiratory specialist nurse, tissue viability nurse etc. and they received a timely response.

A member of staff said they had established positive links and relationships with "Caistor Cares," a voluntary group which provided support to the elderly and those with mental health problems. They talked about the positive impact of the group on a patient with mental health problems who they had referred.

GPs told us that Macmillan and hospice nurses did not attend palliative care meetings despite assurance that they would do so.

### Consent to care and treatment

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

- A member of staff we spoke with was aware of the requirement to obtain patients consent prior to care and treatment and they told us they normally obtained verbal consent and documented this in the patient record. When a patient did not have capacity to make a decision themselves they said they would involve the person's wider circle of carers, family and the GPs. They said they would not undertake mental capacity assessments themselves and the GPs would undertake these. Staff making decisions for, or acting on behalf of people who lack capacity are responsible for undertaking the required mental capacity assessments.

- A Mental Capacity Act policy was in place and provided guidance to staff on the requirement to undertake mental capacity assessments and make decisions in patients best interests if the person was unable to make decisions themselves.
- There was no formal training or staff in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation .Patients were signposted to the relevant service where the service was not provided in-house for example the Quit 51 smoking cessation programme.
- The practice offered a comprehensive range of contraceptive and sexual health services, including a full range of long-acting reversible contraception.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 74% and the national average of 74%.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening where uptake was higher than both CCG and national averages.

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 and national averages. For example, childhood immunisation rates for the vaccinations given to two year olds ranged from 87% to 96% which was comparable to the CCG average of 90% to 97% and five year olds from 75% to 90% which was comparable to the CCG average of 87% to 95%.

## Are services effective?

(for example, treatment is effective)

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. The practice

had achieved 68% of its target in completing these checks. 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 inside 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.
- However upon entering the surgery we could see into a room with an unobscured window where a patient was receiving care from a healthcare assistant. We raised this with the practice manager who took immediate action to avoid any repetition.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

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 helpful, caring and treated them with dignity and respect.

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.

- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 92% 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%.
- 96% 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%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 82% 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%.
- 90% 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:

- Translation services were available for patients who did not have English as a first language, although staff told us they had never had reason to use it.

## Are services caring?

- The practice information leaflet was clear and simply set out and provided a wide range of information.
- The practice website was easily accessible, informative and translated in a wide range of different languages .

### **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 or was cared for. The practice had identified 77 patients who were either cared for or carers, which was 1.41% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that when families suffered bereavement, the deceased patients usual GP contacted them and offered signposting to counselling and support services.

# 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.

- The practice offered longer appointments 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.
- All patients who had been assessed as having a need to be seen that day were given an appointment to see either a GP or nurse practitioner as appropriate.
- The practice participated in the unplanned admissions avoidance scheme. This direct enhanced service aims to encourage GP practices to increase practice availability via timely telephone access, identify patients who are at high risk of avoidable unplanned admissions, review and improve the hospital discharge process for patients on the register and coordinate delivery of care and undertake internal practice reviews of emergency admissions and A&E attendances.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services were available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services, for example the surgery had good level access and all clinical rooms were on the ground floor.

### Access to the service

The practice operated a version of 'Doctor First' which meant that patients contacting the practice got to speak to either a GP or nurse practitioner in the first instance if they thought they could not wait until the next routine appointment. GPs and clinicians made an assessment of the most appropriate means of meeting the patient health care needs. For example that could be advice, self-treatment, contact a pharmacy or a GP/clinician consultation.

This system enabled GPs and clinicians 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.

The surgery was open between 8am and 6.30pm Monday to Friday. Appointments could be made in person, by telephone or on-line.

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

- 71% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 79%.
- 69% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

The patient participation group told us that they were able to get appointments when they needed them and that the introduction of the telephone triage system and improved access to the service, although they acknowledged that seeing a GP of choice could still take some little time.

### 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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example on the practice website, the practice information leaflet and on posters displayed in the patient waiting area.

We looked at the 14 complaints received since 1 December 2015 and found these were satisfactorily handled, dealt with in a timely way and with openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a 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. They had been regularly reviewed.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Whilst no Registered Manager was in post an application had been submitted to the CQC.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

One GP partner had completed a diploma in Leadership and Management.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.
- The PPG had six active committee members and met every two or three months. We found the group to be well engaged with the practice and other PPGs and played a role in acting as the practice's critical friend. They told us that the practice was receptive to feedback from patients and stated they had been involved in discussions with the practice about the need for extended hours to meet the needs of working people.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

# Are services well-led?

Good 

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

- 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 was looking to improve GP provision through international GP recruitment as well as providing nurse practitioner training.