

# Strand Medical Group

## 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?	Requires improvement	
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 Strand Medical Group on 31 May 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 generally assessed and well managed. However, the practice did not demonstrate that vaccines were safely stored.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it difficult to make an appointment to see a GP or nurse because they could not get through on the phone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider must make improvement are:

- Ensure the safe storage of vaccines.

The area where the provider should make improvement is:

# Summary of findings

- Continue to improve exception reporting figures.
- Continue to improve patient satisfaction with accessing the practice by phone and with practice opening hours.
- Continue to improve patient satisfaction with the helpfulness of the reception team.

**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 requires improvement 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.
- In general, risks to patients were assessed and well managed. However, the practice did not demonstrate that vaccines were always stored safely.

Requires improvement



### 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 in line with local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- A dedicated patient care coordinator was employed to ensure patients were recalled for their annual health checks.
- Clinical audits were thorough and 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.

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 in line with others for the majority of aspects of care.

Good



# Summary of findings

- The practice had conducted their own patient survey which showed improvement in patient satisfaction.
- Patients said their GP and nurse treated them with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had conducted their own patient survey which showed improvements in the patient care given by the reception team.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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 vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was 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.

Good



# 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 (PPG) was active and staff told us they enjoyed working at the practice.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- A practice nurse was employed to visit older patients at home to assess and treat acute medical problems.
- The practice offered health assessments and annual reviews at home for older people who were unable to attend the practice.
- Meetings with other health and social care professionals from the community took place on a regular basis to develop care plans for older patients with complex health needs in order to prevent avoidable, unplanned hospital admission.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 83% compared to the CCG average of 83% and the national average of 78%.
- The practice offered diabetic foot checks at home for patients who were unable to attend the practice.
- The practice offered nurse led 'one stop' chronic disease clinics when patients with co-morbidities could attend for a full review to prevent them from having to attend a separate appointment for each condition.
- 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.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children 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's uptake for the cervical screening programme was 90%, which was better than the CCG average of 83% and the national average of 82%.
- A full family planning service was available.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and this service was available from the practice for the convenience of patients.
- Patients were routinely screened for post-natal depression as part of their post-natal check.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice promoted different aspects of health promotion on its notice boards in the waiting room including smoking cessation, cancer and stroke.

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 homeless people, travellers and those with a learning disability.

Good



# Summary of findings

- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

## 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).

- 86% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the clinical commissioning average of 82% and the national average of 84%.
- 94% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.
- 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.
- An on-site counselling service was available to which patients could self-refer.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Of the 245 survey forms which were distributed, 117 were returned. This represented 1% of the practice's patient list.

- 32% of patients found it easy to get through to this practice by phone which is better than the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried which is better than the CCG average of 77% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards, which were all positive about the standard of care received, the professional attitude of staff and the cleanliness of the practice.

However, six patients commented on the appointments system stating that they found it difficult to get through on the phone and problems in trying to get an appointment. There were also two comments relating to the attitude of reception staff with patients stating that they could sometimes be abrupt when speaking with them.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were polite, kind, committed and caring. However, all patients commented on the appointments booking system, which they did not like, stating that they sometimes had to wait in the phone queuing system for as long as 25 minutes before they could speak to someone to make an appointment.

The practice told us they were working hard to improve the phone system and had invested in a new phone queuing system, with an increased queuing capacity and a robust call queuing facility. However, the practice had conducted their own patient satisfaction survey in 2015 which showed the new phone system to be unpopular with patients. The practice were continuing their efforts to improve the phone service available to patients and at the time of inspection, they were evaluating the numbers of calls coming in to the practice per hour of each day along with reasons that patients were calling.

## Areas for improvement

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

The area where the provider must make improvement is:

- Ensure the safe storage of vaccines.

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

The area where the provider should make improvement is:

- Continue to improve exception reporting figures.
- Continue to improve patient satisfaction with accessing the practice by phone and with practice opening hours.
- Continue to improve the patient satisfaction with helpfulness of the reception team.

# Strand Medical Group

## 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 a practice manager specialist adviser.

## Background to Strand Medical Group

Strand Medical Group is situated on The Strand in Goring-by-Sea, West Sussex. The practice provides services for approximately 13,800 patients living within the sea side town of Goring-by-Sea and the surrounding area. At the time of our inspection, the practice held a personal medical services (PMS) contract with NHS England for the provision of primary care services. (Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice.) The practice informed us they were moving to a General Medical Services (GMS) contract in June 2016. A GMS contract is one between the practice and NHS England and the practice where elements of the contract such as opening times are standard. The practice has relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is below average when compared to the population nationally.

As well as a team of four GP partners and one salaried GP (four male and one female), the practice also employs two GP registrars, a head of nursing, a nurse assessor, six practice nurses, two health care assistants and two phlebotomists. A practice business manager and a deputy

practice manager are employed and there is a team of receptionists, medical secretaries and administrative clerks. The local midwifery and health visitor team also offer appointments from the practice.

The practice is a training practice for GP trainees and foundation level two doctors and pre-registration student nurses.

The practice is open between 8am and 6.30pm on weekdays and appointments are available throughout these times. There are phone appointments available with GPs throughout the day according to patient need. Extended hours appointments are available between 7am and 8am and from 6.30pm to 7.30pm from Monday to Friday. Routine appointments are bookable up to three weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

## 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.

# Detailed findings

## 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 31 May 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GPs, nursing, pharmacy and administrative team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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, a patient was prescribed a drug which had a contraindication with another drug the patient was prescribed. There was no alert on the practice system for these particular drugs, although guidance stated they should not be prescribed at the same time. The patient presented to the practice with side effects of the combined drugs and was subsequently given a change in medication whereupon the side effects resolved with no lasting effect. The practice responded by adding an alert to the patient's records stating the contraindications of the two drugs. A general alert was also added to the practice system so the incident would not reoccur. During discussion about the incident a teaching session was given and the patient was given a full apology.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three, health care assistants were trained to level two and all other staff were trained to level one.
- 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
- 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 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.
- There were arrangements in place for the safe management of medicines (including obtaining, prescribing, recording, handling, storing, security and disposal). However, although fridge temperatures had been recorded on a daily basis, we noted one fridge had recorded temperatures which were outside of specified parameters but no action had been taken as a result. This meant the practice could not guarantee the safety of the vaccines stored in the fridge. The practice responded to the issue on the day of inspection by decommissioning the fridge, disposing of the vaccines and ordering a replacement fridge. Public Health were informed. The health care assistants were retrained on the cold chain protocol and a new checklist was established which included instructions on action to take if temperatures were outside of parameters. One of

## Are services safe?

the nurses was to check the temperature record on a weekly basis. 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. 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### 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. Data from 2014/2015 showed:

- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 83% compared to the CCG average of 83% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the CCG average of 91% and the national average of 88%.
- The practice achieved above the local and national averages for their management of patients with poor mental health. For example, 94% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.

- The practice achieved similar results to the local and national averages for the management of patients diagnosed with dementia. For example 86% of these patients had received a face-to-face review within the preceding 12 months compared with the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 82% in comparison with 83% in the CCG and 84% nationally.
- The exception reporting was higher than local and national averages (21% compared to 14% in the CCG and 9% nationally). (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The practice told us they had been working hard to improve these scores and had seen significant improvements. For example data from 2014/2015 showed that 33% of patients with dementia had been exception reported (13% locally and 8% nationally) while the practice figure for the 12 months prior to our inspection had reduced to 17%. The practice sent us an action plan of work they were continuing to do to improve these figures. This included alerting patients of the need for their annual review when they ordered repeat prescriptions and offering annual reviews at home for housebound patients. The practice had a policy to audit the exception reporting regularly and to discuss the current figures at clinical meetings. A patient care coordinator was employed to assure patients were recalled and attended for their annual health checks.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research and held a central log of completed and ongoing audits which staff could access.
- Findings were used by the practice to improve services. For example, there was an audit of prescribing for stroke prevention therapy for patients at risk of stroke. The first

# Are services effective?

## (for example, treatment is effective)

cycle of audit showed that around 100 patients, who were not on an existing treatment, should be assessed for risk of stroke. The practice delivered an education session to all clinical staff outlining the national guidelines. A second audit cycle was conducted which demonstrated significant improvement in these figures meaning more patients had been assessed for stroke risk and were receiving the appropriate treatment.

### Effective staffing

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

- The practice had a comprehensive 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 held a central record of role-specific training and updating for relevant staff which alerted both management and staff to training requirements.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training and the practice ran monthly off site training updates for all staff.

### 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.

### 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.
- The process for seeking consent was monitored through patient records audits.

### 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, antenatal and childhood vaccines were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 90%, which was better than the CCG average of 83%

## Are services effective? (for example, treatment is effective)

and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 73%, which was

similar to the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old who had bowel screening in the preceding 30 months was 63%, which was better than the CCG average of 63% and the national average of 58%.

Childhood immunisation rates for vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 94% to 99% (compared to 93% to 97% in the CCG) and five year olds from 95% to 99% (compared to 89% to 96% in the CCG).

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 or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 comment cards we received were positive about the service experienced. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. However two patients commented that reception staff could sometimes be abrupt when speaking with them and appeared to be very busy.

We spoke with two members of the patient participation group (PPG). They also told us they were happy 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 results for its satisfaction scores on consultations with GPs and nurses were mixed, with some scores in line with and some scores below local and national averages. For example:

- 89% of patients said the GP was good at listening to them which was in line with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 84% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 81% of patients said the last GP they spoke to was good at treating them with care and concern which was below the CCG average of 87% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 78% of patients said they found the receptionists at the practice helpful which was below the CCG average of 88% and the national average of 87%.

The practice had a policy of conducting their own annual patient survey and using the combined results from the national and local surveys to devise an action plan. We reviewed the survey from 2015, to which 182 patients responded. Over 80% of those patients said that the reception staff had treated them in a professional manner and that the staff member had done their best to meet their needs, which suggested an improvement in satisfaction with helpfulness of reception staff. All reception staff had completed a customer care course in 2015/2016 in order to improve the service delivered to patients.

### 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.

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 below local and national averages. For example:

- 78% of patients said the last GP they saw was good at explaining tests and treatments which was similar to the CCG average of 87% and the national average of 86%.

## Are services caring?

- 75% of patients said the last GP they saw was good at involving them in decisions about their care which was similar to the CCG average of 82% and the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care which was similar to the CCG average of 84% and the national average of 85%.

The practice's own patient survey suggested an improvement in these results with more than 80% of patients responding positively to each question.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

### **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 241 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a policy of being more flexible with appointments for patients who are carers to make it easier for them to fit their appointment around the person they care for.

A nurse assessor was employed to visit older patients at home to assess and treat acute medical problems. The practice told us they hoped this would help reduce acute patient admissions.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available and a private area for breast feeding if required.

The practice was continually increasing in patient numbers and consequently had outgrown their premises. They told us they were pursuing a move to more appropriate premises, which they hoped would be approved during 2016.

### Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 8am to 6.30pm daily. In addition to pre-bookable appointments that could be booked up to three weeks in advance, urgent appointments were also available for people that needed them. A telephone triage service, which was managed by a duty GP, was also available to patients.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was significantly below local and national averages.

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 78%.
- 32% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.

The practice told us they were working to address these results. They had installed a new phone queuing system in 2015 which had unfortunately proved to be unpopular. Since then the practice had increased the number of staff answering the phones at busy times. They had established a patient participation group (PPG) which was involved in looking at ways to improve the phone service.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP or nurse 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.
- The practice business manager was the designated responsible person who handled all complaints in the practice.
- There was a poster in reception and leaflets available to help patients understand the complaints system.

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way with openness and transparency. 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. For example, a patient complained that she had phoned the surgery to ask for the results of a clinical test and was told by the receptionist that there was a problem with the results and she would ask a nurse to call the patient back. The patient called again some time later, as they had not received a reply, and was told that the results had been lost whereupon the patient became concerned about the test result. The deputy practice manager phoned the patient back to apologise and explain the results were not lost but had not

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

yet been processed. The incident was discussed with the receptionists and an appropriate training session delivered. The receptionists also attended a customer care course to guide them in having difficult conversations with patients.

# 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 which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust 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.
- 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.

### 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. They 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.

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
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings. This included a nurse meeting held every two months and a weekly clinical meeting as well as a whole practice meeting held quarterly.
- 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 team training days were held every month.
- A popular weekly staff bulletin was cascaded to all staff by email.
- Staff said they felt respected, valued and well supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff told us they regularly socialised together and had recently enjoyed a skittles evening and an evening at a local pub quiz.

### 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 recently established patient participation group (PPG) and through surveys and complaints received. The PPG met every two months, helped to compose patient surveys and submitted proposals for

# Are services well-led?

Good 

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

improvements to the practice management team. The PPG told us they were having a PPG action week during the week after our inspection when they were setting up a stall in the waiting room to encourage more patients to join the group.

- The practice had gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussion. Staff told us they felt comfortable giving feedback and discussing any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff also told us they enjoyed working at the practice and felt they made a good team.

## 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. One of the nurses was training to be a nurse prescriber which the practice told us would help to manage increases in patient numbers by working in different ways. The practice also told us they were looking to recruit another full time GP.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not have arrangements in place to ensure the safe storage of vaccines.</p> <p>Regulation 12(1), 12(2)(g) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014</p>