

# Dr Andrew Buffey

## Quality Report

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Date of inspection visit: 14 June 2016

Date of publication: 20/10/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Andrew Buffey's practice, also known as Church Walk Surgery on 14 June 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.
- 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.
- A care coordinator worked directly with patients who suffered with a long term health condition both in-house and in the community to improve their level of care and to help reduce unplanned admissions to hospital.
- 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 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.

# Summary of findings

- The practice was a training practice for nurse students who were enrolled with the University of Lincoln. Members of the nursing team were trained to support student nurses during placement with the practice.
- In 2015, the practice launched a free fruit and vegetables scheme whereby patients who were either on a low income, suffered with a learning disability or other long term health condition were encouraged to help themselves to free fruit and vegetables provided from the practice.
- The practice provided an effective menopause clinic for female patients to ensure they received additional information, support and advice and access to various treatment options.
- 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 should make improvement are:

- Ensure appraisal processes include competency assessments at least annually for staff working within the dispensary.
- Ensure minimum and maximum ambient room temperature ranges are recorded within the dispensary to provide assurance that medicines are not stored above the recommended upper limit of 25 degrees centigrade.

**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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. Patients identified as at risk of abuse were discussed and reviewed during regular multi-disciplinary meetings.
- Risks to patients were assessed and well managed.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA).
- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.

### 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 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.
- The practice provided a menopause clinic for female patients to ensure they received additional information, support and advice and access to various treatment options.

# Summary of findings

- The practice had a traffic light system in place which was followed to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met.

## 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.
- 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.
- If families had suffered bereavement, their usual GP sent a sympathy card to the bereaved family member/s or carer of the deceased patient and offered an appointment at a convenient time and access to bereavement services. GPs attended the funeral service where time allowed this.
- The practice had a carers register in place and written information was available to direct carers to the various avenues of support available to them.

## 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 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.

# Summary of findings

- The practice provided a free fruit and vegetables scheme whereby patients who were either on a low income, suffered with a learning disability or other long term health condition were encouraged to help themselves to free fruit and vegetables.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.
- The practice offered on-line services for patients which included ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

## 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partner 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.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided same day access to either an appointment, telephone consultation or home visit for older people who required this.
- Patients received personalised care plans from a named GP to support continuity of care.
- The premises were accessible to patients with mobility difficulties.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was 98.4% which was higher than the national average of 89%.
- The practice achieved a performance rate of 97.2% for the prescribing of novel oral anticoagulants (NOACs) which was higher than the CCG target of 94.19%. (NOACs are prescribed to patients suffering particular long term conditions such as atrial fibrillation and are effective in the prevention of stroke).
- 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.
- A care coordinator worked directly with patients who suffered with a long term health condition both in-house and in the community to improve their level of care and to help reduce unplanned admissions to hospital.

# Summary of findings

## Families, children and young people

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

Good



- 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 above CCG and national averages for standard childhood immunisations given for children aged up to 24 months with some immunisations achieving 100% uptake rate.
- 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 84%, which was comparable to the CCG average of 84% and the national average of 82%.
- 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, health visitors and school nurses.
- There was a women's health clinical lead in place for those patients who suffered post-menopausal health issues.

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

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

Good



- 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 participated in an electronic prescribing service.
- The practice offered a text reminder service for booked appointments.

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.



# 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).

- Performance for mental health related indicators was 100% which was higher than the national average of 93%. (This included an exception reporting rate of 20.5% which was slightly higher than the CCG average of 15.1%).
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had received Mental Capacity Act and dementia awareness training.

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 either above or in line with local and national averages. 232 survey forms were distributed and 120 were returned. This represented 2.9% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 78% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 76% and the national average of 76%.
- 95% of patient described their overall experience of making an appointment as good compared to the CCG average of 76% and the national average of 73%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.

- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% 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 33 comment cards which were all positive about the standard of care received. Patients told us they felt listened to and that staff were professional and caring and provide a fantastic service.

We did not speak with patients during the inspection. However, we were shown video clips of four patients who wished to give feedback individually to the CQC inspection team about their positive experiences of the practice. We also spoke with two members of the patient participation group (PPG). These patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Friends and Family test results showed that 92.4% of patients who had responded said they would recommend this practice to their friends and family.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Ensure appraisal processes include competency assessments at least annually for staff working within the dispensary.
- Ensure minimum and maximum ambient room temperature ranges are recorded within the dispensary to provide assurance that medicines are not stored above the recommended upper limit of 25 degrees centigrade.

# Dr Andrew Buffey

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a pharmacist specialist advisor.

## Background to Dr Andrew Buffey

Dr Andrew Buffey, also known as Church Walk Surgery provides primary medical services to approximately 4,090 patients surrounding the village of Metheringham and surrounding areas in Lincolnshire. The practice also provides services to patients residing in an assisted living home which cares for patients with learning disabilities. The practice has a dispensary on site and dispenses medicines to approximately 20% of its patient population.

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

At the time of our inspection the practice employed two GPs, a business manager, an administrative manager, a nurse consultant, a specialist practice nurse and one other practice nurse. The practice also employed a health care assistant a secretary and a team of receptionists and dispensers.

The practice is a training practice for nurse students who are enrolled with the University of Lincoln. Members of the nursing team are trained to support student nurses during placement with the practice.

Church Walk Surgery is open from 8am to 6.30pm Monday to Friday. The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

The practice has a General Medical Services (GMS) contract. The GMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has a higher population of patients aged 65 years and above. The patient list has low levels of deprivation.

The practice offers on-line services for patients including ordering repeat prescriptions, booking routine appointments and viewing patient summary care records.

The practice has an active patient participation group (PPG) who meet on a regular basis.

The practice is part of a Federation of six practices called South Lincoln Healthcare within West Lincolnshire Clinical Commissioning Group (WLCCG)

The practice has opted out of the requirement to provide GP consultation when the surgery is closed, the out-of-hours service is provided by Lincolnshire Community Health Services NHS Trust.

## Why we carried out this inspection

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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## 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 14 June 2016.

During our visit we:

- Spoke with a range of staff which included a business manager, nurse consultant, practice nurse, dispenser, GP and a receptionist.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 33 CQC 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.
- During our inspection we reviewed four 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, one incident we reviewed was in relation to a safeguarding child concern. The actions taken by the practice staff which included a health care assistant, a GP and dispensary staff led to the child's safety and welfare being protected. The outcome of this incident highlighted excellent communication and information sharing with other organisations such as social services and other healthcare professionals which ensured the delivery of good patient care.
- Clinical and dispensary staff received alerts from the Medicines and Healthcare Products Regulatory Agency (MHRA). Staff we spoke with were able to tell us about recent alerts received. We saw numerous examples of these alerts during our inspection which showed that an effective system was in place. Following our inspection, MHRA alerts was added as a standing agenda item to clinical meetings to ensure formal discussions were always documented within meeting minutes.

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 were trained to child protection or child safeguarding level 3. Members of the nursing team were trained to level 2.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection. Immediately following our inspection, the practice provided evidence that they had reviewed its processes for coding missed appointments for vulnerable patients and those with either a safeguarding concern or suffered with a learning disability within the patient care record, such as appointments with local hospital outpatient departments.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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

### Overview of safety systems and processes

## Are services safe?

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.

- The practice held evidence of Hepatitis B status and other immunisation records for clinical staff members who had direct contact with patients' blood for example through use of sharps.
- The practice carried out regular checks to ensure that members of the nursing team were registered with the Nursing and Midwifery Council (NMC).
- Suitable processes were in place for the storage, handling and collection of clinical waste.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines however, immediately following our inspection, the practice reviewed these processes and provided evidence of further actions taken by the practice to ensure patients being prescribed high risk medicines such as Methotrexate and Domperidone were effectively monitored and prescribed appropriately. There was a process in place for following up uncollected prescriptions by patients. If a patient did not collect their prescription for a high risk medicine, a member of staff would attempt to contact the patient and an appointment would be made with a GP if a patient had stopped taking their medicines to ensure this could be reviewed.
- 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.
- There were a range of standard operating procedures (SOPs) for the staff responsible for dispensing medicines. SOPs are documents that explain a procedure for staff to follow. These help to ensure all staff members work in a consistent and safe way. All SOPs had been reviewed on a regular basis.
- Processes were in place to check that all medicines in the dispensary were within their expiry date and suitable for use. We saw evidence of regular checks being undertaken. We checked numerous medicines during our inspection within the dispensary and all were within their expiry date.
- There was an effective barcode scanning system in place within the dispensary for use when receiving and dispensing medicines. This system also provided a second check when dispensing medicines and reduced the risk of errors when handling medicines.
- During our inspection we observed that all vaccinations and immunisations were stored appropriately. We saw that there was a process in place to check and record vaccination fridge temperatures on a daily basis. We saw evidence of a cold chain policy in place which had been reviewed regularly. (cold chain is the maintenance of refrigerated temperatures for vaccines). We observed that vaccination fridges also had a temperature data logger device installed to supplement the minimum/maximum temperature thermometers used by dispensary staff to record temperatures on a daily basis. A servicing schedule was in place to ensure the vaccination fridge was appropriately maintained.
- We observed that ambient room temperatures in areas where medicines were stored were recorded on a daily basis to ensure that medicines were not stored at temperatures above 25 degrees centigrade. However, minimum and maximum readings were not recorded.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. 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.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. However, the dispensary did



## Are services safe?

not keep a record of 'near misses' in relation to medicines within the dispensary. Immediately following our inspection, the practice reviewed its processes and provided evidence of a dispensary near miss error log and a policy to ensure staff understood the process to follow. The practice also added this topic to the agenda for discuss in monthly practice meetings.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also appropriate arrangements in place for the destruction of controlled drugs.
- We reviewed four 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. Immediately following our inspection, the practice provided a copy of a statement of compliance and risk assessment which defined the eligibility and requirements for clinical and non-clinical staff to have a DBS check in place.

### 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 a comprehensive health and safety policy in place and an annual health and safety audit had been carried out in April 2015 by an external specialist. All members of staff had completed health and safety training.
- The practice had up to date fire risk assessments in place and carried out regular fire drills. The last fire risk assessment had been carried out in April 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Clinical equipment had been calibrated in February 2016.

- We saw evidence of a five year fixed wire electrical test which had been carried out by an approved contractor in February 2012. The test results showed this was a 'satisfactory' assessment.
- 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). A programme of regular water sample testing was carried out by an external specialist and the practice carried out regular water temperature checks and flushing regime to ensure the prevention of legionella. The practice had a practice policy in place relating to legionella. We saw evidence of control of substances hazardous to health (COSHH) data sheets held on file and on display. Immediately following our inspection, the practice provided evidence of a risk assessment in relation to access to the dispensary by domestic staff during times when the dispensary was closed or when no dispensary staff were present. This risk assessment documented a risk evaluation and control measures in place in relation to the security of medicines and blank prescriptions.
- 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

## Are services safe?

location. All the medicines we checked were in date and stored securely. At the time of our inspection, the practice did not keep stock of Hydrocortisone injections within the stock of emergency medicines. However, a stock of this medicine was held within the dispensary and immediately following our inspection, the practice reviewed and updated its emergency medicines list to include Hydrocortisone.

- The practice had a comprehensive business continuity plan in place which had been reviewed and updated in June 2016 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. Immediately following our inspection, the practice provided evidence that NICE updates had been added as a standing agenda item to clinical meetings for formal discussion.
- 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 99.7% of the total number of points available. Overall exception reporting rate was 10.5% (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed:

- Performance for diabetes related indicators was 98.4% which was higher than the national average of 89%.
- Performance for mental health related indicators was 100% which was higher than the national average of 93%. (This included an exception reporting rate of 20.5% which was slightly higher than the CCG average of 15.1%).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed in the last two years, the practice had an ongoing audit programme in place. During our inspection, we looked at numerous audits which included audits of prescribing, non-attendance of patients who were due a cervical smear, patients diagnosed with a mental health disorder and patients diagnosed with chronic kidney disease. We looked at an audit of the clinical coding within the patient care record of chaperone offered to patients and where a patient may have declined the offer of a chaperone for an intimate examination by a clinician. This was a completed audit carried out over two cycles. The second cycle audit was carried out in April 2016 and had shown a significant increase in the coding of chaperones both offered and declined. In April 2016 there were 327 coded entries where a chaperone was declined compared to 13 in the first cycle audit. A further action following this audit was to record the name of the chaperone within the patient care record to ensure contemporaneous record keeping. This audit was carried out to ensure compliance with the General Medical Council (GMC) and the Royal College of Nurses (RCN) guidelines in relation to the use of chaperones.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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. Members of the nursing team had completed specialist training in diabetes, coronary care and heart disease, COPD management, cervical cytology and management of asthma. A member of the nursing team was also in the process of completing a Master's Degree in advanced clinical practice.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

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

- 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. Appraisal processes did not include annual competency assessments for staff working specifically within the dispensary however, all staff working within the dispensary had received training appropriate to their role.
- 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. The practice held comprehensive records of all staff training undertaken.

### 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. Multi-disciplinary meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had a traffic light system in place which was followed to continually review and plan the needs of those patients who were receiving palliative care or were at end of life to ensure their health needs were being met. This system was used during multi-disciplinary meetings which various professionals were present such as district nurses and Macmillan nurses.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 (MCA). Members of staff had completed MCA training. 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. The practice had a consent policy in place.

### 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.
- Diet advice was available on the premises and referrals were available to a Weightwatchers programme. Smoking cessation advice was also available, in-house clinics were provided by members of the nursing team who were trained in smoking cessation.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 84% 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

## Are services effective?

(for example, treatment is effective)

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 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.

The practice achieved a performance rate of 97.2% for the prescribing of novel oral anticoagulants (NOACs) which was

higher than the Clinical Commissioning Group (CCG) target of 94.19%. (NOACs are prescribed to patients suffering particular long term conditions such as atrial fibrillation and are effective in the prevention of stroke).

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 33 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members 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:

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 89% 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%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to CCG average of 88% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

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 either above or in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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. Language Line telephone interpreter services was available. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

- 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 51 patients as carers (1.25% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice also attached an easily identifiable alert to the patient care record to ensure staff were aware of those patients who were a carer. The practice was proactive in increasing the identification of carers and had identified an additional 16 carers within the last six month prior to our inspection.

Staff told us that if families had suffered bereavement, their usual GP contacted them and 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. GPs also attended the funeral service where time allowed for this.

# 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 as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. A wheelchair was provided for patients who required to use this.
- The practice had carried out a disability access audit in May 2016 to assess disabled access for patients and identify reasonable adjustment measures that may be required to be taken.
- There was an automated arrival machine to enable patients to book themselves in for their appointment.

In 2015, the practice launched a free fruit and vegetables scheme whereby patients who were either on a low income, suffered with a learning disability or other long term health condition were encouraged to help themselves to free fruit and vegetables which were left in the entrance to the practice. Produce was donated to the practice by patients, local farmers and was also grown by members of practice staff including GPs. It was hoped that this scheme would encourage healthy eating and lifestyle choices and also supported the practice commitment to its patients and also with the local community.

The practice had identified the need to provide a menopause clinic for female patients to ensure they received additional information, support and advice and access to various treatment options. We saw evidence of a clinical protocol which supported this clinic in relation to diagnosis, prescribing guidelines, treatment options and

management of menopause and had been produced in line with the National Institute for Health and Clinical Excellence (2015) menopause, diagnosis and management guidelines.

The practice provided an unplanned admissions nurse responder service and employed a coordinator who worked specifically with patients both in-house and in the community who suffered with a long term conditions and had been identified as at risk of unplanned admission to hospital. Care plans were in place for these patients and were reviewed regularly.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to pre-bookable appointments that could be booked in advance, on the day appointments and urgent appointments were also available for people that needed them.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 81% and the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 78% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

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 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

# Are services responsive to people's needs?

(for example, to feedback?)

GPs in England. The practice had a complaints policy in place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve.

- The business 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. A complaints leaflet was available for patients and information about how to make a complaint was available on the practice website.

We looked at seven complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way and there was openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and

also from analysis of trends and action was taken to as a result to improve the quality of care. All complaints we looked at received a formal written response which included details of any investigations undertaken and an apology where necessary. The practice carried out a significant event analysis on complaints which required this. For example, one complaint we looked at was in relation to patient experience when booking an appointment. An apology was given to the patient and the practice reviewed its processes and guidelines for all reception staff in relation to the booking of appointments.

The practice also held a register of all compliments and positive feedback received. We saw 14 examples of feedback which included compliments for care and support provided during bereavement. Feedback was shared with all practice staff.



# 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 and vision statement ‘to promote exceptional healthcare that meets the needs of our patients and the community we serve’. Staff we spoke with were aware of the vision of the practice and understood the values which included innovation, integrity and to provide excellent customer care to patients.
- 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. We reviewed 18 policies during our inspection which included business continuity, infection control, health and safety, consent, safeguarding and complaints. All policies had been reviewed and updated on a regular basis and staff were aware of how to access these policies.
- 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.
- There were effective process and procedures in place in relation to the dispensary and management of medicines.

### Leadership and culture

On the day of inspection the lead GP and management team 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 that the lead GP and management team 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 lead GP and management team 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. During our inspection we saw numerous meeting minutes which included administration, gold standard framework, clinical and practice meeting minutes.
- 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, particularly by the lead GP in the practice. All staff were involved in discussions about how to run and develop the practice, and the management team 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.



# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG had been in place for approximately one year and was in its infancy however, the PPG had begun to meet on a regular basis, participated in patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG were in the process of planning regular coffee mornings for patients, arrangement of health promotion events within the practice such as Age UK and also wished to participate in future fund-raising events to raise funds to purchase clinical equipment for the practice. The PPG members told us they felt extremely supported by the management team.
- The practice carried out an annual patient survey and produced an 'improving practice' action plan as a result of these findings. Patients were given the opportunity to rate the practice on levels of satisfaction with areas of the practice such as opening hours, access to appointments and levels of care provided to them by members of the clinical team. As a result of a previous survey, the practice implemented an SMS text messaging service to ensure patients received a reminder of their appointment date and time.
- The practice had gathered feedback from staff generally through staff meetings, appraisals and informal

discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

The practice had previously received funding to provide an unplanned admissions nurse responder service who worked specifically with patients with long term conditions and had been identified as at risk of unplanned admission care plans were in place and reviewed regularly. This initiative was provided in conjunction with two other local practices. The practice had submitted a business plan to extend this role for a further 12 months. New initiatives were proposed to include a care home initiative which would involve a nurse triaging and assessing patients discharged from hospital and also to carry out medication reviews with a view to reducing re-admission to hospital. Strategic outcomes were to prevent patients from dying prematurely, ensuring a positive experience of care and enhancing quality of life for those suffering with a long term health condition.