

# Drs Marshall, Oehring, Carradice & Symes

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Sutton Manor Surgery on May 27 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.
- 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.
- There was continuity of care, with 50 urgent appointments available throughout the week although the practice faced challenges in meeting demand for appointments.
- 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.

We saw two areas of outstanding practice:

- There was a consistent focus on reducing the risk of social isolation in patients who were vulnerable, had mental health needs or whose age restricted their access to social activities. This included supporting patients to access a local time bank and a back to work scheme. Both schemes supported patients to

# Summary of findings

reduce social isolation and to build the skills needed to rejoin the workforce. A weekly 'social prescribing' session enabled patients to access a counsellor who could signpost them to local social activity groups as a strategy to reduce isolation.

- The practice employed a pharmacist to provide a rapid response to patient questions about medication, to improve the management of repeat prescriptions and to provide oversight of the practice prescribing formulary.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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.

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

- Patients who were at risk of hospital admission had individualised care plans.

## 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 Clinical Commissioning Group to secure improvements to services where these were identified.
- There was continuity of care, with urgent appointments available the same day. A shortage of GPs meant some patients waited for long periods of time for an appointment. Improvements had been made in the provision of care for patients who requested a male GP.
- 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.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement, particularly with regards to expanding specialist care and increasing clinical staffing 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. This included telephone appointments, support to access community associations and support to access appropriate transport to and from appointments.
- The practice environment included resources for older people. This included a hearing loop and high-backed chairs in the waiting area. A book library was available in the waiting area, which also acted as a strategy to encourage people to socialise. This formed part of a wider programme to reduce social isolation, including participation in a local time bank scheme.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were offered longer appointments to make sure they had enough time to talk to the doctor or nurse.
- Social isolation and loneliness were recognised as key risk factors in this population group. The practice encouraged patients to take part in a local 'time bank' programme to encourage them to spend time socially and also provided signposting and referrals to community groups.

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a number of monitoring services, including spirometry, 24 hour blood pressure monitoring and 24 hour echocardiogram monitoring. Retinal screening facilities were also available.

Good



# Summary of findings

- The practice monitored patients at risk of developing lifestyle-related diabetes and promoted testing for prediabetes that helped staff to provide health promotion and wellbeing advice.

## 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with district nurses and health visitors.
- The practice offered dedicated antenatal and postnatal clinics and prioritised continuity of care for parents during this period.
- A play area was available in the waiting area for young children.
- GPs and nurses offered long-term reversible contraception options.
- Sexual health screening for young people was available, including take-away chlamydia screening packs and HIV testing.

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. This included flexible appointment times, telephone consultations and health screening for those over 40 years old.
- The practice recognised that musculoskeletal problems disproportionately affected this population group. To address this, a senior physiotherapist attended the practice weekly and offered assessments, physiotherapy and interventions. An occupational health team was also available in the practice.

Good





# Summary of findings

- 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. This included e-mail appointment reminders.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and had links with local services for drug and alcohol rehabilitation.
- 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. This included twice-weekly GP visits to a local hospice and support for patients to use a back to work scheme.
- 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, including in urgent crisis situations.
- Staff demonstrated an understanding of the vulnerability of relatives following a bereavement and sent a condolence card out as well as offered a meeting to give people the chance to ask any questions. The practice provided an informative and sensitively-worded leaflet that provided structured support for patients or relatives who were grieving and needed emotional support.

Good



## 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).

- A separate waiting room was available for patients who were anxious and preferred a quiet space.
- 96% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months. This is better than the Clinical Commissioning Group average of 86% and better than the national average of 84%.

Good



# Summary of findings

- 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 that included an annual review and cognitive screening.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations, including a back to work scheme. A specialist dementia advisor visited the practice fortnightly to provide support to staff.
- The practice had recently established a system monitor 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, including urgent referrals to crisis teams.
- Staff were trained in dementia care and members of the patient participation group had been given dementia awareness training.

# 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. 238 survey forms were distributed and 109 were returned. This represented 1.5% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 68% and the national average of 73%.
- 59% 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 70% and the national average of 76%.
- 69% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 71% 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 75% 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 39 comment cards which were all positive about the standard of care received. Six patients mentioned difficulties in making appointments at the practice, including long waits. Patients stated they found staff at all levels of the practice to be kind, considerate and respectful. One patient said the practice team had empowered them to talk about their health problems, which gave them confidence to tell their doctor when something was wrong. Patients also stated they found multidisciplinary care to be very good, particularly palliative care.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said they appreciated the patience of GPs and nurses and never felt rushed during appointments.

## Outstanding practice

- There was a consistent focus on reducing the risk of social isolation in patients who were vulnerable, had

mental health needs or whose age restricted their access to social activities. This included supporting patients to access a local time bank and a back to work scheme.

# Drs Marshall, Oehring, Carradice & Symes

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

### Background to Drs Marshall, Oehring, Carradice & Symes

Sutton Manor Surgery has three GP partners and a salaried GP. All GPs are female and provision for patients who required a male doctor was available through a long-term locum based in the practice. Two practice nurses and a healthcare assistant worked full time and were supported by a team of administrators, receptionists and IT and data staff.

This is a dispensing practice and a training practice, with regular FY2-grade doctors and registrars based in the practice. There is a private pharmacy in the same building.

The practice is accessible by patients who use a wheelchair and has baby-changing facilities. A self-service check-in machine with multiple language options is available.

A private room is available adjacent to the reception desk, which patients can use to request a confidential discuss with staff.

The practice serves a patient list of 7467 people, including 66 patients who are registered carers and is in an area of high levels of deprivation.

Appointments are from 8am to 6.30pm Monday to Friday.

### Why we carried out this inspection

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

### How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 May 2016.

During our visit we:

- Spoke with a range of clinical and non-clinical staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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.

# Detailed findings

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 investigating 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.
- Between April 2015 and March 2016 the practice recorded 16 significant events. We looked at the investigation and outcome of each of these and found learning to be appropriate and delivered in a way that was designed to improve patient experience and safety. For example, following an error in the ordering of a prescription, new documentation was implemented that required staff to record the medical reason for each prescription at the point of request. In addition, the induction process for registrars and trainee GPs was improved to include the procedure for actioning blood results.
- The practice carried out a root cause analysis of each significant event.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence lessons were shared and action was taken to improve safety in the practice. Dispensary staff managed patient safety alerts in the practice. We saw communication between staff teams and other practices took place in a way that enhanced safety and security. For example, where another practice found a patient had obtained drugs by deception, a safety alert was issued and the dispensary ensured reception staff were aware of the person's identity in case they presented in the practice.

### 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 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. 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 safeguarding level 3 and adults safeguarding levels 2 and 3. Nurses were trained to adult safeguarding levels 2 and 3. All non-clinical staff had up to date adult safeguarding training to levels 1 and 2 and child safeguarding training level 1.
- Notices in the waiting room and in all clinical areas 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. Some patients we spoke with said they were proactively offered a chaperone by reception staff.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. Clinical staff damp dusted treatment areas daily and a full clean took place every night. We looked at cleaning records and checklists for three months prior to our inspection and found them to be up to date with no gaps in cleaning. 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.
- Infection control training was mandatory for all staff. However, only 38% of staff had up to date training and plans were in place to improve this.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe. 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 medicine management team, 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. The healthcare assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice employed a pharmacist to provide support and oversight of medicines management, repeat prescriptions and the practice prescribing formulary. The pharmacist also provided a dedicated service to patients, which enabled them to access rapid advice about medicines.
- 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 or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). Dispensary staff conducted regular audits on prescription processes to ensure accuracy.
- We reviewed six 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 DBS.

### 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, including a health and safety policy and training for all staff. 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.
- Fire safety was part of practice mandatory training for all staff. 86% of all staff had up to date fire theory training and 71% had up to date practical fire safety training.
- 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.
- The practice acted on medicine alerts and took steps to make sure patients were protected from avoidable harm. For example, following a patient safety alert regarding a risk of myopathy when two different blood pressure medicines were taken together, a GP conducted an audit of all patients this might affect. The patients underwent a medication review and had a change of prescription implemented after a discussion with them.

### 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 an emergency.
- The practice emergency incident policy included guidance for staff on how to handle violent or aggressive patients. This included the use of the electronic records system to ensure no patients known to be violent were seen by a single member of staff alone. All staff had conflict management training.
- Basic life support training was mandatory for all staff and there were emergency medicines available in the treatment room. However, only one GP and two nurses out of the clinical team had up to date annual refresher training in basic life support. Amongst non-clinical staff, 87% had up to date basic life support training.

## Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, 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. Exception reporting was significantly lower than the national average in the cancer and depression clinical domains. Exception reporting was significantly higher than the national average in eight clinical domains, including asthma, mental health and primary prevention of cardiovascular disease. 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 April 2014 to March 2015 showed:

- Performance for diabetes related indicators was better than the national average. For example, 99% of patients with diabetes had a flu vaccination compared to the national average of 94% and 92% of patients with diabetes had a foot examination and risk classification, compared to the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, 96% of patients with schizophrenia, bipolar affective disorder or

another psychosis had their alcohol consumption recorded in the previous 12 months, compared with the national average of 90%. 90% of this patient group had a comprehensive agreed care plan in place, compared to the national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last year. All 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.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a more robust and consistent approach to offering patients with pre-diabetes lifestyle support and advice. GP partners also increased their supervision of trainee doctors to make sure they provided appropriate advice and diagnostic testing to patients.
- The results of an audit had identified room for improvement in the care of patients who presented with urinary infection symptoms but did not have a confirmed infection. This related to the detection of bladder cancer in women over the age of 50. Although a robust system to ensure 100% tracking and follow ups occurred had not yet been implemented, staff were actively exploring how to achieve this through clinical governance meetings.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and for reception staff.
- 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 healthcare assistant conducted new patient healthchecks, heart checks and standard NHS healthchecks. They received regular training to do this safely and competently.
- 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. All staff regardless of their length of service told us they felt the appraisal process was a positive experience that enabled them to identify areas of need in training and professional development.
- Staff received regular refresher 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.

### 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 through a care coordination service 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 to specialist services. The practice maintained an unplanned admission register, which staff used to contact each patient after discharge from hospital.

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. Multidisciplinary palliative care meetings took place every six weeks.

The practice had recently started to monitor patient attendances at accident and emergency (A&E) to identify when patients had attended unnecessarily. The practice manager was working with the local lead for out of hours services to establish how to support patients who repeatedly attended A&E or GP out of hours services. This included monitoring by day of the week, time of day and whether the practice was open or closed at the time of the attendance. Staff used this information to provide patients with guidance on where they could more appropriately seek urgent care, including at a pharmacy, walk-in centre or by requesting an urgent GP appointment.

### Consent to care and treatment

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

- A Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards protocol was in place, which staff used to make appropriate decisions about patient care. The protocol ensured staff made best interests decisions when required against legislation, including the Children Act 1989 and 2004. Staff understood the relevant consent and decision-making requirements of legislation and guidance and demonstrated this in their care of vulnerable patients and those with mental health needs.
- 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 documented and based on the practice policy that required staff to discuss the planned outcomes of treatment as well as potential side effects and alternatives that may be available. Staff we spoke with demonstrated an in-depth understanding of this, including different types of communication they could use to make sure patients understood what they were being asked.

# Are services effective?

(for example, treatment is effective)

## 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 received targeted support, including through a weekly stop smoking clinic. Patients were signposted to the relevant service and staff could obtain support in the practice, such as from the drug and alcohol liaison team.
- A physiotherapist was available on the premises and support to help people move back into work was available through a local organisation.

The practice's uptake for the cervical screening programme was 81%, which was better than the CCG average of 76% and the national average of 74%. 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 failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 0% to 100% and five year olds from 95% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and 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. Music was played in the waiting room, which helped to reduce the risk personal details discussed at the reception desk could be overheard.
- Staff understood the needs of vulnerable patients. For example, when a patient's circumstances meant they could not safely get home from the surgery themselves, practice staff arranged transport. On another occasion, when a person with some mobility restrictions felt vulnerable walking to the bus stop, staff escorted them until they caught their bus home. When a patient returned into the practice because they were afraid of some people hanging around outside, a member of staff took them home.

All of the 39 patient Care Quality Commission comment cards we received were positive about the clinical service experienced and the approach of reception staff. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Six patients documented difficulties in obtaining appointments, including waits of up to six weeks. This occurred when patients requested to see a specific doctor.

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

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

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 77% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

## Are services caring?

- 67% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 70% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Where a patient was at risk of hospital admission, a GP ensured an individualised care plan was kept up to date to ensure care and treatment planning were adequate.

### **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 66 patients as carers (less than 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

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. The practice published a leaflet that guided people through the normal process of grief and adjustment to someone's death and provided information on how to obtain emotional support.

# 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 Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice offered 50 urgent appointments per week and acknowledged this was not usually enough to meet demand. After our inspection, the practice increased this to 110 urgent appointments per week. The practice manager told us this enabled them to meet demand 95% of the time.
- 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.
- The practice was fully accessible by wheelchair.
- Equality and diversity training was mandatory for all staff and the practice promoted equitable access to services and equality in care and treatment. Information on the Equality Act 2010 was available on the practice website, which also welcomed patients regardless of age, disability, gender, gender reassignment status, pregnancy and maternity status, race, religion or belief and sexual orientation.
- Staff recognised that musculoskeletal problems were disproportionately high amongst the practice's working age population. To address their needs, a senior physiotherapist attended the practice weekly and offered assessments, physiotherapy and interventions including corticosteroid injections.
- Visiting consultants provided weekly neurology and gynaecology clinics and a surgeon provided a monthly vasectomy clinic, which was supported by practice nurses. This enabled patients to access services locally and reduce the need to travel to hospital.
- A weekly Citizens Advice Bureau service was provided to support patients in accessing health and legal services.

- The practice demonstrated a robust and sustained commitment to reducing the risk of social isolation amongst vulnerable patients. A counsellor was available on a weekly basis as part of a 'social prescribing' scheme to ensure people could access local social groups and activities, including a 'timebank' scheme and a bereavement counselling service.
- Significant improvements had been made in how the practice provided care for patients who were dying. For example, GPs followed up patients who were discharged from hospital on an end of life care pathway and prescribed 'just in case' medicine for patients to use when the practice was closed. The practice also worked with hospital wards to make sure patients were supported to die in a place of their choice. A GP with a lead role in palliative medicine conducted two care rounds per week at a local hospice to provide patients with continuity of care.
- Patients with a learning disability received regular reviews and needs assessments to ensure care was appropriate. Longer appointment times were also offered.
- Clinical staff met weekly to review patients with diabetes and to ensure treatment was managed appropriately.

### Access to the service

GP appointments were from 8am to 6.30pm Monday to Friday. Appointments with the healthcare assistant for healthchecks, blood tests, blood pressure checks, spirometry, hearing tests and echocardiograms were available Monday to Friday 8am to 5.30pm, with an extension to 6pm every other Friday. Nurses offered appointments from 9am to 6pm Monday to Friday.

Pre-bookable appointments could be made up to six weeks in advance and urgent appointments were also available for people that needed them. The practice sent out e-mail appointment reminders to try and reduce the number of appointments wasted through patients not attending.

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

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 73% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

The practice nurses and healthcare assistant demonstrated a flexible approach to managing waiting times during the day. For example, they could check each others' waiting times and where someone was behind, another member of staff could help them by seeing appropriate patients.

The practice did not have a system in place to monitor adult patients who did not attend booked appointments. This meant there was not a consistent approach to reducing wasted appointments. A nurse followed up children who did not attend as this was a recognised safeguarding risk. Following our inspection, the practice introduced a monitoring system in July 2016.

Six patients who completed a CQC comment card said they often found it difficult to make a routine appointment. Three patients said they were sometimes given an appointment for over four weeks' time and another for six weeks' time. The practice manager told us such delays occurred when patients requested to see a specific doctor, which could result in a delay.

25% of patients described their experience of making an appointment as poor, compared to the CCG average of 15% and the national average of 12%. The practice manager had reviewed the comments made by patients in the 2015/16 Friends and Family Test survey. This survey asked patients to identify how likely they would be to recommend the practice, which was categorised in five sections from 'extremely likely' to 'extremely unlikely'. In all five sections patients commented on the length of time it could take to book an appointment as an area of concern. The senior team had implemented an action plan to address this, including the recruitment of new clinical staff and management of appointments.

After our inspection the practice implemented a number of new strategies to improve access to the service. This included enabling all appointment slots to be booked through a receptionist or online, increasing receptionist staffing during the busiest times and the option to book appointments three days in advance.

### **Listening and learning from concerns and complaints**

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system.
- Between April 2015 and March 2016 the practice received 16 complaints, four of which were written formal complaints. We looked at the investigation of each complaint and found them to be handled in a timely and transparent manner, with clear communication with each patient. 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, information relating to the collection of blood samples was communicated to patients so they could make better choices about what time to book a blood test appointment. In addition, where a complaint had been made regarding the practice of a locum doctor or trainee GP, learning from the investigation was used as part of their professional development plan. Complaints were discussed in relevant team meetings to identify trends and strategies to prevent them recurring.

# 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.
- Expanding the service to meet the growing needs of the local population formed part of the practice's future plans. For example, the practice was supporting a pharmacist to undertake training to offer a hypertension clinic with the ability to prescribe and an in-house dementia clinic was in the planning stage. From September 2016 the practice would have a further two GP partners and a part-time salaried doctor who would significantly increase capacity and improve access to appointments.

### 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. This included fortnightly meetings for clinicians, and managers and monthly meetings for administrators and the whole practice team.
- A GP partner was the Caldicott Guardian and information governance lead. This member of staff ensured information in the practice was stored,

managed and shared in line with the six Caldicott principles to protect confidentiality. An annual audit of the practice's compliance with the principles was used to maintain best practice.

- Between April 2015 and March 2016, six significant events were recorded that related to errors or oversights in relation to information governance. In each case an investigation took place and corrective action was taken. This included improving the induction and supervision of trainee doctors as well as supporting administration staff to improve accuracy.
- 60% of administration staff had undertaken information governance training. This meant information and patient records were handled according to best practice in confidentiality standards.

### 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. A new practice manager had recently taken up the post, which was the first change of individual in this role for 21 years. There had also been changes to the partnership following recent retirements. To support a smooth transition, the outgoing practice manager remained in post on a part time basis for six months. This helped to ensure a robust leadership structure was maintained. The new practice manager had attended a patient participation group meeting to introduce themselves and to show their commitment to the positive working relationship. All of the staff we spoke with told us the transition had been handled well and they had been supported throughout.

An administration team manager and information and IT manager completed the leadership team and were highly regarded by staff we spoke with.

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



# Are services well-led?

Good 

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

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 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 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.

## 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 an active and well-established patient participation group (PPG) that met quarterly with the GP partners and practice manager. The 2015 annual report from the PPG identified three key areas of improvement based on patient feedback. This included improved access and comfort in the waiting room, improved access to clinical areas for patients with reduced mobility and a more comprehensive user-friendly website. The PPG also worked to engage a wider range of representation from members and to promote a local 'time bank' scheme that aimed to reduce social isolation.

PPG members recognised the need to increase representation of the practice population and actively promoted recruitment to the group through advertising in the waiting room.

- The practice routinely gathered feedback from staff through practice meetings. All of the staff we spoke with said the practice manager and partners always followed up on concerns or queries raised. The new practice manager had met with each member of staff to discuss any concerns they had about the transition of management and what he could do to support them. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management, including through the whistleblowing procedure. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

The practice held silver accreditation Investors in People status. This had been awarded based on evidence of the practice's quality of care and leadership.

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, such as through the promotion of time bank and back to work schemes.

The practice leadership team recognised the difficulties in recruiting suitable staff from the local area. To promote sustainability and continuity, the practice was proactive in training and retaining staff. For example, a full time receptionist had been successfully recruited following the use of an apprenticeship programme. In addition, a male locum doctor had been contracted to work part time in the practice until a male GP started work. This ensured patients had a choice of male or female doctor, particularly in cases such as young men's sexual health.