

# Canford Heath Group Practice

## 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 Canford Health Group Practice on 17 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. Chronic disease was managed well, for example, the care of people with diabetes.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- There was one care home in the practice area. The enhanced care practitioner undertook weekly ward

rounds, to provide proactive and personalised care. The GPs also undertook visits to see patients when requested and had good relationships with the care home staff.

- 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.
- 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.

# Summary of findings

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

We saw one area of outstanding practice

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an enhanced care practitioner (ECP) and a health care assistant (HCA) specifically to support patients over the age of 75 years old. The HCA offered a health check to these patients which included supporting them with their health and social needs and signposting them where appropriate to other services.

The areas where the provider should make improvements are:

- Review the business continuity plan to ensure it is comprehensive and covers all strategic areas.
- Review the process for audits to be undertaken.
- Review the provision of seating in the waiting room.

**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.
- Risks to patients were assessed and well managed.
- Recruitment procedures and checks were completed as required to ensure that staff were suitable and competent and patients were kept safe.
- There were arrangements for the efficient management of medicines.
- The practice was clean, tidy and hygienic. We found that arrangements were in place that ensured the cleanliness of the practice was maintained to a good standard.

### 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.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey in January 2016 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.

## 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. For example, the provision of extended hours appointments.
- Patients said they found it easy to make an appointment with a GP and there was continuity of care, with urgent appointments available the same day.
- The practice interacted with the Patient Participation Group (PPG) and shared information with their members.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available in the practice and on the practice website, it was easy to understand and evidence showed that the practice responded quickly to all complaints. Learning from complaints was carried out and shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- 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.

# Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



- The practice is rated as good for the care of older people.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an enhanced care practitioner (ECP) and a health care assistant (HCA) specifically to support patients over the age of 75 years old. The HCA offered a health check to these patients which included supporting them with their health and social needs and signposting them where appropriate to other services.
- The ECP supported patients who were recently discharged from secondary care, this included the implementation of a care plan and the involvement of other community services as needed. The GPs, the HCA and ECP all attended the local care home when required for ward rounds and visited patients in their own homes for routine screening and vaccinations.
- Integrated health and social care meetings incorporating mental health and the voluntary sector occurred monthly to discuss issues arising from the wider primary care team. The meetings involved a range of professionals including the district nurses, community matrons, practice nurses, GPs, social services and the anticipatory nursing team.

### People with long term conditions

Good



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. Long term conditions were managed by the practice nursing team. The nurses had expertise in diabetes management.. Every month a diabetic nurse specialist attended the practice and worked with the practice nurses to support those patients with more complex needs.

# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had good relationships with members of the community teams. For example, the GPs liaised well with the long term conditions matron to support those patients with chronic diseases and avoid hospital admissions.
- The practice maintained robust registers and provided appointments for patients with long term conditions. Data from the Quality and Outcomes Framework (QOF) results indicated an efficient management of chronic disease management..

## Families, children and young people

**Good**



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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.

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

**Good**



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



# Summary of findings

- 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.
- One GP had a special interest and was further trained in sexual health.
- 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.
- Extended hours were offered on Mondays after 6.30pm, on Tuesday from 7.30am and after 6.30pm, on Wednesday after 6.30pm and on Thursday from 7.30am
- The practice offered the Fit for Work scheme. This was a new support service, designed to help working people who face long-term sickness absence return to work more quickly.

## People whose circumstances may make them vulnerable

**Good**



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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, and those with a learning disability. The practice offered longer appointments for patients with a learning disability. The practice had completed 70% of annual health checks for patients with a learning disability in 2014/2015. Since 1 April 2016 60% of annual reviews had already been completed, this work is ongoing.
- The practice regularly worked with multi-disciplinary teams 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.

# Summary of findings

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

**Good**



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

- 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.

# 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 better than local and national averages. 251 survey forms were distributed and 112 were returned. This represented approximately 1% of the practice's patient list.

- 92% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the national average of 85.5%.
- 89.94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection, we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received nine comment cards

which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also referred to being able to get an appointment when they needed and to the consistency of care received.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring.

We also spoke with the local care home manager they were very happy with the service provided by the practice, they said all of the staff were extremely caring and worked hard to give their patients the best care.

The practice sought the views of patients in regard to the service they received and had conducted many surveys. The practice also encouraged feedback in the friends and family test. The last results (April 2016) found that out of 18 respondents, 61% would be extremely likely or likely to recommend the practice, 16% were neither likely nor unlikely.

## Areas for improvement

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

- Review the business continuity plan to ensure it is comprehensive and covers all strategic areas.
- Review the process for audits to be undertaken.
- Review the provision of seating in the waiting room.

## Outstanding practice

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice employed an enhanced care practitioner (ECP) and a health care assistant (HCA) specifically to support patients over the

age of 75 years old. The HCA offered a health check to these patients which included supporting them with their health and social needs and signposting them where appropriate to other services.

# Canford Heath Group Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, and a practice manager specialist adviser.

## Background to Canford Heath Group Practice

Canford Health Group practice was inspected on Tuesday 17 May 2016. This was a comprehensive inspection.

The practice is situated in the town of Poole, Dorset. The practice provides a general medical service to approximately 11,900 patients of a diverse age group. The practice has a considerably higher proportion of patients under the age of 75 when compared to the England average.

Information published by Public Health England rates the level of deprivation within the practice population area as seven on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

There is a team of six GPs partners, four male and two female. There are two female salaried GPs. Some GPs work part time and some full time. The whole time equivalent of GPs is 6.33. The GPs are supported by two practice managers, an enhanced care practitioner, a nurse practitioner, four practice nurses, two health care assistants, a phlebotomist and additional administration staff.

Patients using the practice also have access to community nurses, mental health teams and health visitors. Other health care professionals visit the practice on a regular basis.

Outside of these times patients are directed to contact the South West Ambulance Service Trust out of hour's service by using the NHS 111 number.

The practice offers a range of appointment types including book on the day and advance appointments and can request telephone consultations. The practice is open to patients between Monday and Friday 8am until 6.30pm. Extended hours are offered on Mondays after 6.30pm, on Tuesday from 7.30am and after 6.30pm, on Wednesday after 6.30pm and on Thursday from 7.30am.

The practice provides regulated activities from its primary location at 9 Mitchell Road Poole, Dorset.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 May 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- 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 comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a palliative care medicine chart in a patient's home was left unsigned by a GP. This meant that the district nurse could not give medicines to ease pain in a timely way for a patient who was at the end of their life. An out of hours GP signed the form to prevent further delay, this incident was then communicated back to the practice. Actions were taken to prevent this from happening again and learning was shared.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses, health care assistants and the phlebotomist were also all trained to level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. 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 staff had received up to date training. Numerous infection control audits were undertaken, the last full audit being undertaken in April 2016. We saw evidence that action was taken to address any improvements identified as a result. For example, the purchase of a foot operated pedal bin.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One 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.

## Are services safe?

- The practice did not hold any stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) but had procedures in place to manage them safely were they needed to be held.
- 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 Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 last portable appliance electrical check had been performed in April 2016. Clinical equipment was last checked in August 2015. 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, infection control and legionella. The last risk assessment for legionella was completed in November 2015 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and behind the reception desk.
- 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 business continuity plan in place which covered issues such as power failure or telephone failure but not for major incidents such as fire, disruption to IT systems or if the premises could not be used for a period of time. The plan was not accessible to key staff off-site. We discussed this with the practice managers who immediately began to improve the plan and include all the relevant information.



# 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 99.49% of the total number of points available with 12% exception reporting.

Performance for diabetes related indicators was similar to the national average. For example:

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 75% compared to the national average of 80.%. The percentage of patients with hypertension having regular blood pressure tests was 83.66% which was similar to the national average of 83%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 86% which was similar to the national average of 90%

There was evidence of quality improvement including clinical audit.

- There had been 10 clinical audits completed in the last two years, three of these were completed audits where

the improvements made were implemented and monitored. For example, recent action taken as a result of an audit undertaken in anti-biotic prescribing for urine infections. The audit checked that patients were being prescribed the medicine within the optimal prescribing range. The first audit showed only 26% of patients were being prescribed using the appropriate prescribing guidelines and for the appropriate duration. Improvement actions were identified and communicated across the clinical team to help provide more effective outcomes for patients. A further re-audit showed an improvement where 72% of patients had been prescribed the antibiotic within the optimal prescribing range using antibiotic primary care guidance.

Other non-clinical audits were undertaken. For example, an audit was undertaken of the appointments system as some GPs had unbooked appointments and others were fully booked. An audit was undertaken over a four week period in September 2015 which showed 457 appointments were unbooked with some GPs having surgeries full and others with appointments free. As a result of this a new appointment system was devised and started in December 2015. All GPs had 10 routine appointment slots per session, and the next four appointments were shared out with the next available GP making the workload more even. Patients were given the choice of which GP to see. If no appointment with their chosen GP was available then an appointment could be booked up to six weeks in advance. Patients said the appointment system worked well. The results from the national patient survey confirmed our findings. For example, 63% of patients confirming they always see the GP of choice this was much higher than the CCG average of 47% and the national average of 36%.

### 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



# Are services effective?

## (for example, treatment is effective)

conditions. We spoke with one nurse who had undertaken a diploma in Diabetes and used these skills in the practice to support patients diagnosed with diabetes.

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

### 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. Any relevant information regarding vulnerable patients or those with complex needs were shared with out of hour's providers to enable continuity of care.
- The GPs used an NHS e-Referral Service to refer patients to secondary care (hospital trusts). Urgent cancer appointments were made usually on the same day or if not within 24 hours.
- Staff worked together and with other health and social care professionals to understand and meet the range

and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had undertaken e-learning in the Mental Capacity Act. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.  
Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. We spoke with a care home manager who explained that the GPs were supportive when needing to assess a residents capacity or when performing deprivation of liberty applications.
- The process for seeking consent was performed using written consent for minor surgery and joint injection and was also recorded on the clinical system.

### 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. The practice gave travel advices and was a registered Yellow Fever Centre.

The practice's uptake for the cervical screening programme was 83.5% 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

## Are services effective?

(for example, treatment is effective)

by using opportunistic measures during routine appointments 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/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 100% and five year olds from 96% to 100%.

# 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 nine 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.

None of the patient participation group (PPG) were available on the day of the inspection. However, two members did leave feedback which said they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% 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 87.5% 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. We saw notices in the reception areas informing patients this service was available.

## Are services caring?

### **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 86 patients as carers (0.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice had a dedicated area for carers to use which signposted them to many different areas of support and invited them to register as a carer at the practice. The practice recognised this figure was

relatively low and put this down to the younger age group of their patients. Work was continuing through the enhanced care practitioner and nursing team with trying to encourage patients who were also carers to register.

The practice had systems in place to identify military veterans and ensure they received appropriate support to cope emotionally with their experience in the service of their country in line with the national Armed Forces Covenant. The practice policy on this had been reviewed within the last 12 months.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop, translation services and baby changing facilities available. The waiting room was large, light and had plenty of room for patients to move freely. The seating was of a bench style and although had ample space, there were no arms or higher chairs available for people who needed assistance when sitting/standing.

### Access to the service

The practice offered a range of appointment types including book on the day and advance appointments and could request telephone consultations. The practice was open to patients between Monday and Friday 8am until 6.30pm. Extended hours were offered on Mondays after 6.30pm, on Tuesday from 7.30am and after 6.30pm, on Wednesday after 6.30pm and on Thursday from 7.30am. In addition to pre-bookable appointments that could be booked up to six weeks in advance, 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 comparable to local and national averages.

- 93% of patients were satisfied with the practice's opening hours compared to the CCG average of 85% and the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to the CCG average of 85% 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. Results from the patient survey in January 2016 confirmed this.

### 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, for example, a notice in the waiting room and information on the practice's website.
- We looked at 14 complaints received in the last 12 months and found complaints were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a letter was sent out to a child under the age of 16 instead of the parent, the parent was unhappy that this had occurred. An apology was given and administrative staff were reminded to check patient's date of birth before sending out any communication. Another example was when a patient complained as the practice failed to telephone them following the death of their relative. The practice introduced a policy for staff to follow to ensure this type of occurrence did not happen again.

# 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. Staff said there was an ethos of team work with a culture of putting patients first.
- 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 on the computer system in each room. These were well structured, organised and kept under review.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements. However, the practice recognised this could be improved upon so that benefits to patients could be clearly measured and adapted. For example the impact on the enhanced care practitioner and the outcomes for those patients over 75 years old.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice had a virtual, but

# Are services well-led?

Good 

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

very active PPG of over 700 patients. Patients were encouraged to join this group at the point of registration, via the website and through information in the waiting room.

The practice manager regularly communicated with the PPG via email and sending out a patient newsletter monthly, which invited patients to make any suggestions or improvements that could be made to the practice. Periodically the practice manager also emailed to ask patients for their opinions on specific matters (for example when a GP wished to change the day of their extended hours) to canvas opinion. Most recently several patients expressed a wish for GPs to call patients into their room via the visual computerised matrix board in reception. This was discussed at a practice meeting and it was identified that GPs had to click on a different icon to send the patient name through to this board and GPs were reminded of this on multiple occasions. The practice manager was trying to get the computer set up to automatically do this.

The practice also had an electronic tablet device in the waiting room for patients to feed back their thoughts about the practice via the Friends and Family test. Paper copies of this were also available. The practice met at least twice a year to discuss this feedback and to put in place an action plan for improvement. Comments on the NHS Choices website are also discussed at this meeting and were always responded to by the practice manager.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice was a training practice for undergraduate students and the practice had just succeeded in becoming a teaching practice and was looking forward to welcoming GP trainees later on in the year.

The staff team were actively encouraged and supported with their personal development. This included the effective use of protected learning times and access to online training materials.