

# Bexley Group Practice-Upper Wickham Lane

## Quality Report

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Date of inspection visit: 11 August 2015

Date of publication: 08/10/2015

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

## Ratings

Overall rating for this service		Good	
Are services safe?	Requires improvement		
Are services effective?	Good		
Are services caring?	Good		
Are services responsive to people's needs?	Good		
Are services well-led?	Good		

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bexley Group Practice- Upper Wickham Lane on 11 August 2015. Overall the practice is rated as good.

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.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed, with the exception of those relating to recruitment checks.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.

- 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.
- Patients said they found it easy to make an appointment with a named GP and that 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.

However there were areas of practice where the provider needs to make improvements.

### Importantly the provider must

- Ensure that health and safety building checks are undertaken and staff are adequately trained and updated in Fire safety.

# Summary of findings

## **Importantly the provider should**

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure that lessons learnt from incidents are shared with all appropriate staff.
- Ensure arrangements are in place for formal staff induction.

- Ensure non-clinical staff attend the scheduled child protection training so they are trained to the appropriate level

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services as there are areas where it should make improvements. Staff understood their responsibilities to raise concerns, and to report incidents and near misses. However, when things went wrong, lessons learned were not communicated widely enough to support improvement.

The practice did not always ensure people had full recruitment checks before they started work.

Administrative staff had not undertaken child protection level 1 training.

We also found the practice did not have appropriate building checks. Health and safety risk assessments had not been done for over two years.

Staff had not undertaken fire training and no regular fire drills were being conducted.

**Requires improvement**



### Are services effective?

The practice is rated as good for providing effective services.

Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

**Good**



### Are services caring?

The practice is rated as good for providing caring services.

Data showed that patients rated the practice lower than others for some aspects of care. However patients we spoke with 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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Good**



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



# Summary of findings

It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received regular performance reviews and attended staff meetings and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

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 that their health and medication needs were being met.

The practice also provided Tier 3 diabetic clinics to patients with diabetes registered at the practice. (Tier 3 service consists of increased specialist diabetes support at general practices, alongside structured education to GPs and patients, and regular multidisciplinary (MDT) clinics at a range of sites in the area.)

For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were slightly low for some 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 good examples of joint working with midwives, health visitors and school nurses.

Good



# Summary of findings

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

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

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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.

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). 100% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It 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. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 8 January 2015 showed the practice was performing slightly lower than local and national averages in some areas. However the data available was combined for all of the provider's four locations. There were 284 survey forms distributed for this practice and 107 forms were returned. This was a response rate of 37% of the practice patients who received the survey.

- 53% find it easy to get through to this surgery by phone compared with a CCG average of 61% and a national average of 74%.
- 72% find the receptionists at this surgery helpful compared with a CCG average of 80% and a national average of 86%.
- 40% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 54% and a national average of 60%.
- 78% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 79% and a national average of 85%.
- 89% say the last appointment they got was convenient compared with a CCG average of 89% and a national average of 91%.

- 50% describe their experience of making an appointment as good compared with a CCG average of 63% and a national average of 73%.
- 60% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 57% and a national average of 65%.
- 48% feel they don't normally have to wait too long to be seen compared with a CCG average of 50% and a national average of 57%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards and spoke to 12 patients and two Patient Participation Group (PPG) members who were all positive about the standard of care received. All were complimentary about the practice, staff who worked there and the quality of service and care provided. Patients felt that they were provided with good quality care; they were listened to and had good continuity of care as they normally saw the same GP. They also reported that the practice had introduced a centralised telephone in system recently and this had improved their access to appointments.

## Areas for improvement

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

#### Importantly the provider must

- Ensure that health and safety building checks are undertaken and staff are adequately trained and updated in Fire safety.

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

#### Importantly the provider should

- Ensure recruitment arrangements include all necessary employment checks for all staff
- Ensure that lessons learnt from incidents are shared with all appropriate staff.
- Ensure arrangements are in place for formal staff induction.
- Ensure non-clinical staff attend the scheduled child protection training so they are trained to the appropriate level



# Bexley Group Practice-Upper Wickham Lane

## 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 a practice manager specialist adviser and an Expert by Experience.

## Background to Bexley Group Practice-Upper Wickham Lane

The surgery is located in the London Borough of Bexley, and provides a general practice service to around 6000 patients from a purpose built building. The practice is one of four other practices operated by the Bexley Group, all of which are registered separately with the Care Quality Commission. We only inspected the Upper Wickham Lane site during this inspection. All four practices operate on a rotational basis and staff work across all sites.

The intelligence data we hold and the national GP patient survey data are combined for all the locations.

The practice is registered as a partnership with the Care Quality Commission (CQC) to provide the regulated activities of: treatment of disease, disorder or injury; diagnostic and screening procedures and family planning services; and maternity and midwifery services at one location.

The practice has a Personal Medical Services (PMS) contract and provides a full range of essential, additional and enhanced services including maternity services, child and adult immunisations, family planning, sexual health services and minor surgery.

The practice has two senior partners; with one partner being on long term sick leave and two salaried GPs. The practice also uses regular locum GPs. There is a good mix of female and male staff. The practice has a full time practice manager who works across all four sites; the rest of the practice team consists of two practice nurses, two advanced nurse practitioners, one health care assistant, one care co-ordinator, 10 administrative staff and three secretaries.

The practice has had a high staff turnover of both clinical and non-clinical staff in the last eight months due to retirement and other personal reasons.

The practice is currently open five days a week from 8:00am-18:30pm. In addition, the practice offers extended opening hours from 18:30 to 19:30 on Mondays and Tuesdays. Consultation times are 08:00am until 13:00pm and 16:00am until 18:30pm. The practice is closed on Thursday afternoon. During this time patients are directed to the out of hours provider.

There were no previous performance issues or concerns about this practice prior to our inspection.

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.

# Detailed findings

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2015. During our visit we spoke with a range of staff including the senior GP partner, one salaried GP, practice manager, practice nurses and an administrative staff, and spoke with patients who used the service. We observed how people were being cared for and talked with carers and/or family members and reviewed the personal care or treatment records of patients. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Meetings to discuss events were held on a six weekly basis and were attended by the senior GP, practice manager and another salaried GP. Examples of significant events included, missed or delayed diagnoses, missed referrals and medication errors. We noted that all incidents had a learning point identified but they were not always shared with all relevant staff.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

The practice had some clearly defined and embedded systems, processes and practices in place to keep people safe. However, some areas relating to monitoring and managing patient safety, recruitment checks and staff training required improvement.

- Some arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements and 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 children and adults. The GPs attended safeguarding meetings when possible and

always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities. However the practice had new administrative staff who had not undertaken the appropriate training to safeguard children. These staff had been in post for three months. The practice were aware of the need to ensure staff had the appropriate training and were working with the CCG and had dates arranged.

- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were limited procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. However the practice had not carried out fire drills for a number of months. Health and safety risk assessments for the building had not been carried out. All staff needed to have fire safety training. The practice manager was aware of their responsibility in relation to this and were still to appoint a staff member to take on this responsibility and arrange the training.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- Appropriate standards of cleanliness and hygiene were followed. 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. Annual infection control audits were undertaken by the external infection control nurses from the clinical commissioning group (CCG). We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular

## Are services safe?

medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were not fully carried out .We viewed 12 staff records of clinical and non-clinical staff .All clinical staff had completed recruitment checks with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However the practice had employed seven new administrative staff in the last eight months. The files all contained proof of identification and qualifications. However in two of the seven files there were no references; in four there was only one reference; and only one out of the seven had two references. We noted that the practice had attempted to follow up references but had not pursued those where no responses had been received.
- 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 that enough staff were on duty.

### **Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a

defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book 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 fit for use.

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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98% of the total number of points available, with 5% exception reporting. This practice was not an outlier for any QOF clinical targets.

Data showed;

- Performance for diabetes related indicators was similar to the CCG and national average.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average.
- Performance for mental health related and hypertension indicators was better to the CCG and national average.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been two clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable 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 reduction in the levels of antibiotic prescribing.

Information about patients outcomes was used to make improvements such as, the current drive by the practice to increase the uptake of childhood immunisations.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, health and safety and confidentiality. However we found that for the seven recently employed administrative staff, their files did not contain induction and checklist information. The practice informed us that they had a system in place that supported all new staff, however they had not kept formal records for this. New staff we spoke with were able to confirm that they had been paired to work with experienced staff. All of the of the newly appointed administrative staff were still to attend the level 1 safeguarding training. The practice were aware of this and were working with the CCG and had dates arranged
- .However when we spoke to some of the non- clinical staff they could demonstrate an awareness of child protection and they knew who in the practice they would report their concerns to.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All long standing staff had had an appraisal within the last 12 months.

Staff received training that included: basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. However all staff were due to have fire training

# Are services effective?

## (for example, treatment is effective)

refresher courses. The last training had been over two years ago. The practice manager advised us that they were still in the process of identifying a company that would deliver this 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### **Consent to care and treatment**

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### **Health promotion and prevention**

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. A dietician was available at a nearby health centre and smoking cessation advice was available from a local support groups. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 81% and the national average of 83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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 65% to 85% and five year olds from 66% to 73%. The practice were aware of their low performance in relation to these and had arranged for all staff to follow up on non-attenders and we saw this was being done. Flu vaccination rates for the over 65s were 69%, and at risk groups 51%. These were also comparable to CCG and national averages.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that 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 44 patient CQC comment cards we received and 12 patients we spoke with were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with two members of the patient participation group (PPG) on the day of our inspection. 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.

However results from the national GP patient survey showed patients had scored the practice low in most areas for its satisfaction scores on consultations with doctors and nurses. This data was for all four of the provider's locations. The practices were aware of the areas they required improvements on but had identified that the low scores were for the other branch practices that were located in the Erith and Belvedere areas.

- 78% said the GP was good at listening to them compared to the CCG average of 85% and national average of 88%.
- 79% said the GP gave them enough time compared to the CCG average of 83% and national average of 86%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%

- 69% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 90%.
- 72% patients said they found the receptionists at the practice helpful compared to the CCG average of 80% and national average of 86%.

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

All 12 patients we spoke with told us that health issues were discussed with them and 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 on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey we reviewed showed patients responded less positively to questions about their involvement in planning and making decisions about their care and treatment and results were slightly lower than local and national averages. For example:

- 77% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

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.

### Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 20% of the practice list had been identified as carers and were being supported, for example, by

## Are services caring?

offering health checks and referral for social services support. Written information was available for carers to ensure they understood 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 or

a letter. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. For example, the practice had identified that diabetes was a common

long term condition for their patient group. They offered extensive diabetic care including tier 3 diabetes cares and clinics were run each Thursday afternoon. (Tier three specialist care is a consultant-led care for patients with more complex needs, provided in the community, such as a community-based diabetes clinic, health centre or polyclinic.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended opening hours between 18:30 and 19:30 on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The practice were able to register patients on temporary basis with or without fixed addresses .
- Patients had a choice of seeing male or female staff
- There were disabled facilities, hearing loop and translation services available.

### Access to the service

The practice was open five days a week from 8:00am-18:30pm. In addition, the practice offered extended opening hours from 18:30 to 19:30 on Mondays and Tuesdays. Consultation times were 08:00am until 13:00pm and 16:00am until 18:30pm The practice was closed on Thursday afternoon. When the practice was closed, the telephone answering service directed patients to contact the out of hours provider. In addition to pre-bookable appointments that could be booked up to four weeks in

advance, urgent appointments were also available for people that needed them. Patients had access to online appointment booking facilities that provided some flexibility.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were below local and national averages. The practice were aware of this and they were working to make improvements. At the time of our inspection a centralised telephone system had been introduced. This allowed the incoming calls to be answered by designated staff during the practice opening hours. The practice had also changed the telephone number from a high rate number to a local number which was accessible to all patients.

Results from the national GP patient survey included:

- 65% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 56% patients said they could get through easily to the surgery by phone compared to the CCG average of 61% and national average of 74%.
- 50% patients described their experience of making an appointment as good compared to the CCG average of 63% and national average of 73%.
- 60% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 57% and national average of 65%.
- The practice were aware of the low scoring in the surveys and as result with the support of the PPG, they had introduced a central telephone system. This helped ensure that calls were answered promptly. All patients we spoke with on our inspection day reported an improvement with the accessing care and treatment.

### Listening and learning from concerns and complaints

The practice had a 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 information was available to help patients understand the complaints system. This was included in the practice information leaflet and displayed in the reception area. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

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

We looked at six complaints received in the last 12 months and found these were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a vision to deliver high quality care and promote good outcomes for patients and all staff we spoke with could demonstrate this. However the practice did not have a business plan which reflected their vision and values.

### Governance arrangements

The practice had some governance arrangements 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
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were some arrangements for identifying, recording and managing risks, issues and implementing mitigating actions
- However lessons learnt from incidents were not always shared with relevant staff and the practice had not undertaken a fire risk assessment for over two years.

### Leadership, openness and transparency

The partner in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partner was visible in the practice and staff told us that they were approachable and always take the time to listen to all members of staff. The partner encouraged a culture of openness and honesty.

The practice held meetings that combined all locations. However relevant staff were not always involved. We spoke to the practice manager and senior partner who were aware of the importance of ensuring meetings involved the

whole practice, but this had been difficult to achieve due to a high staff turnover they had experienced in the last eight months. The practice manager explained that this had been due to a number of staff retiring. Minutes of meetings were shared via emails and were also printed and filed for staff to refer to.

Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues during supervision and were confident in doing so and felt supported if they did. 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, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the recent introduction of a centralised telephone system.

The practice had also gathered feedback from staff through appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Innovation

There was some 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. However it was clear that the high staff turn they had experienced in the last few months had impacted on the learning and improvement.

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>2(c)</p> <p>We found that the practice was not ensuring that persons providing care or treatment to service users had the qualifications, competence, skills and experience to do so safely;</p> <p>Staff had not undertaken fire safety training.</p> <p>12(2)(d) ensuring that the premises used by the service provider are safe to use for their intended purpose and are used in a safe way;</p> <p>Systems were not in place to ensure premises used by the service provider were safe.</p> <p>Systems were not in place to ensure premises used by the service provider were safe. Premises were not properly assessed. Health and Safety and Fire risk assessments were not carried out routinely. The practice were not carrying out regular fire drills according to their policy.</p>