

# The Coggeshall Surgery

## 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 The Coggeshall Surgery on 27 August 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers and the community to share best practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met people's needs.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the Patient Participation Group (PPG).
- Clinical performance was consistently high and maintained over a number of years. All staff understood their roles and worked towards achieving their targets and objectives.
- 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
- The practice had a clear vision which had quality and safety as its top priority. It was monitored and regularly reviewed and discussed with all staff.
- There were high levels of staff satisfaction and all staff worked as part of a cohesive unit. High standards were promoted and owned by all practice staff with evidence of team working across all roles.

### 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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. Infection control audits took place at regular intervals. Staff had been trained to handle medical emergencies and medicine and equipment were readily accessible to them. Recruitment processes were robust and staff had received appropriate training.

Good



### Are services effective?

The practice is rated as good for providing effective services. Systems were in place to ensure that clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. The practice adopted an holistic approach to assessing, planning and delivering care and treatment to people who used services. Data for the last three years showed that the practice had consistently achieved high standards of performance when compared to neighbouring and national practices. The practice used innovative and proactive methods to improve patient outcomes and it linked with the local community to share best practice and to access volunteer resources. Staff skills and competence met the needs of patients and support, training and development was planned to achieve their objectives. Staff worked as part of a cohesive team and liaised with local stakeholders to ensure that the best available care was identified. A clear emphasis was placed on health promotion and prevention. The practice had targeted their population groups and been innovative in the way they advertised and promoted it. High levels of performance had been achieved with child immunisations and flu vaccinations. Published clinical findings were shared with their patients and used to promote healthy lifestyles and prevention.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that 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

Good



# Summary of findings

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.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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. Patients were satisfied with the appointment system. 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.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. There was a high level of constructive engagement with staff and a high level of staff satisfaction. Staff worked as part of a cohesive team. The performance of the practice in relation to the Quality and Outcome Framework had been consistently high over the last three years. All staff worked towards the performance objectives. Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. Staff appraisals, recruitment processes and policies had been completed to high standards. The practice was up to date with recent published clinical studies and used the findings from them to improve patient care. A strong community relationship existed locally and good use was made of shared resources. The practice gathered feedback from patients and monitored the results of external surveys. The practice had a very active patient participation group (PPG) which influenced practice development. The practice ethos demonstrated that learning and improvement were at the forefront of their approach.

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

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. The practice offered flexible appointment times for older people including longer consultations for multiple or complex issues. Patient needs were assessed holistically and all treatments given on the same day wherever possible without the need to re-book. The practice kept a register of patients who might deteriorate rapidly and reviewed their care plan regularly with other healthcare professionals to avoid an unplanned hospital admission. A surgery wheelchair was available for patients with limited mobility. Home visits and telephone consultations were available for older patients. Medicines were delivered to patients' homes when required. Patients at risk of falls were given balance exercise advice. Priority appointments were available to patients at times that suited them. The practice sourced funding from a local trust to purchase suitable support equipment for the elderly. A subsidised private home chiropody service was available for patients to access in addition to services provided by the NHS. Flu vaccinations were relatively high and the practice provided up to date advice of flu prevention methods. The practice worked closely with the organisers of the community transport system to support patients get to and from the practice.

Good



### 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. Nursing staff had been appropriately trained in the management of long-term conditions. Registers were in place to enable the practice to monitor those with long-term conditions and with palliative care needs. Patients were reviewed annually and a robust system was in place to remind them to attend for their health check. The practice monitored their performance for patients with long-term conditions and achieved their targets. Longer appointments and home visits were available when needed. All patients had a named GP and a structured annual review to check that their health and medication needs were being met. Multidisciplinary team meetings took place monthly with other healthcare professionals to meet the care and treatment needs of patients. Patient's medicines were reviewed regularly.

Good



# Summary of findings

## **Families, children and young people**

There were systems in place to identify, review and follow up children living in vulnerable circumstances and who were at risk. Immunisation rates were relatively high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. Antenatal and post-natal care was available with a midwife attending the practice each week. Cervical screening exceeded the national average. One of the GPs at the practice gave a presentation to a local nursery on hand washing techniques, healthy eating and this included information to children to help them understand the role of a GP and what to expect when attending for an appointment. Full contraceptive and sexual health services were available.

Good



## **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. Appointments could be booked in person and on-line and there were extended hours one evening each week. Meningitis vaccinations for the 18 to 25 age group were available. University students returning home for their term holidays could re-register at the practice during their break.

Good



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

The practice was aware of their vulnerable patients including those with learning disabilities, the homeless and the travelling community. Staff had received guidance about responding to vulnerable people in a caring and sensitive way. Staff were aware of how to talk with vulnerable patients in a way they understood. Staff were aware of the Mental Capacity Act 2005 guidance. Annual health checks took place for patients with learning disabilities and longer appointments were available. 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. A vulnerable child register was in place. Patients suffering domestic abuse could alert staff and receive advice and guidance. Information about support groups was readily available.

Good



# Summary of findings

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

A register of patients with dementia was held and 81% of patients diagnosed with dementia 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. Staff had been given guidance on identifying patients who may have started to experience memory loss and were referred to the GP. Carers and relatives were identified and offered advice including access to external support groups. Patients considered to be at risk of depression received screening. There was ready access to emergency mental health crisis teams.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing in line with local and national averages. There were 125 responses and a response rate of 50%.

- 88% found it easy to get through to this surgery by phone compared with a Clinical Commissioning Group average of 65% and a national average of 73%.
- 90% found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 84% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60%.
- 87% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 97% said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.
- 85% described their experience of making an appointment as good compared with a CCG average of 70% and a national average of 73%.

- 79% said they usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 71% felt they didn't normally have to wait too long to be seen compared with a CCG average of 57% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 47 comment cards all of which were positive about the standard of care received. They contained comments that reflected they were satisfied with the care and treatment received, that they were involved in the decisions about their treatment and that staff treated them with dignity and respect.

Representatives of the patient participation group told us that they worked well with the practice in identifying areas for improvement to improve the experience of patients at the practice. The seven patients spoken with on the day of the inspection commented positively about the way the practice was managed and the services offered.



# The Coggeshall Surgery

## 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 second CQC inspector, a GP specialist advisor and a practice manager specialist advisor.

### Background to The Coggeshall Surgery

The Coggeshall Surgery is located in Coggeshall, Essex. The practice has a general medical services (GMS) contract with the NHS. There are approximately 5455 patients registered at the practice.

The practice is registered with the Care Quality Commission as a partnership. A GP working at another practice locally assists at the practice when required and a locum GP also attends occasionally. The GPs are supported by two nurses, a healthcare assistant and a phlebotomist. There is a practice manager and a business manager and there is a number of administration staff carrying out reception and clerical duties. The practice is a dispensing practice.

The surgery is open Monday to Friday between 8.30am and 6.30pm and GP surgeries run in the mornings and afternoons at various times. The practice opens until 7.30pm on Tuesdays and is closed at weekends.

The practice has opted out of providing 'out of hours' services which is now provided by Primecare. Patients can also contact the non-emergency 111 service to obtain medical advice if necessary.

### 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 inspecting, 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 27 August 2015. During our inspection we spoke with two GPs, the practice manager, the business manager, a

## Detailed findings

nurse, a phlebotomist, the dispensary manager and two members of the reception team. We spoke with an external healthcare professional who provided services at the practice. We also spoke with three representatives of the patient participation group and seven patients who used

the service. We observed how patients were treated when they attended the practice and reviewed a range of documents and policies. We looked at comment cards where patients 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. Staff were aware of the reporting process and records we viewed reflected that they had been recorded correctly, analysed and investigated. Where learning had been identified this was cascaded to staff at staff meetings and action plans put in place for improvements. These had been actioned.

People affected by significant events received a timely explanation and apology where relevant. We looked at seven significant events that had been recorded since January 2014. It was clear from the records we viewed that an investigation and analysis had taken place, the practice demonstrated a duty of candour by acting in an open and transparent way and there was an emphasis placed on learning and improvement. The practice carried out an annual analysis of significant events to identify themes and trends.

All complaints received by the practice were recorded appropriately and investigated and staff and patients informed of the outcomes and learning.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. Staff told us that complaints and safety incidents were discussed at team meetings and they were made aware of any improvements identified to prevent a reoccurrence.

Safety was monitored using information from a range of sources, including the 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.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- The practice had an effective system to manage national patient safety and medicine alerts. These were

received at the practice by email and cascaded to clinical staff for action. Patients affected by the alerts had their medicine reviewed and changes made if appropriate.

- 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. 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 relevant to their role.
- The practice maintained a register of vulnerable children and held regular meetings to discuss their circumstances and the care and treatment they needed. A system was in place so that they were clearly identified on the electronic patient record system.
- A notice was displayed in the waiting room, advising patients of the availability of chaperones. As the regular GPs were female, the notice included an option to see a male GP if preferred and this would be arranged for them if requested. 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 procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a risk assessment in place that identified the risks to patients and staff. The practice had up to date fire risk assessments and fire alarm testing was carried out weekly. All fire and electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also 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.

## Are services safe?

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be visibly clean and tidy. The phlebotomist had recently been appointed as the infection control clinical lead and they had received appropriate training and was up to date with current good practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits took place at regular intervals and they reflected that robust procedures were in place.
- 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 medication 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 carried out. The three files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. We found in place proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. Where a decision had been made to not undertake DBS check on some staff members this decision had been risk assessed appropriately. All relevant recruitment documentation was checked before GP locums or nurses were used at the practice.
- Arrangements were in place for planning and monitoring the number of staff and mix of skills 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 at all times.
- The phlebotomy service provided patients on blood thinning medication, the opportunity of regular checks of their blood without the need to attend a hospital. The phlebotomist, a qualified nurse, recorded the readings and discussed any circumstances with the patient that may have given rise to a raised or lower than normal reading. This was then recorded for the information of the GP who then reviewed the information available before calling the patient to discuss and amend the warfarin dosage. This was recorded on a form designed for the purpose and in the record of the patient.
- Prescribing patterns were reviewed regularly and with support from staff from the Clinical Commissioning Group.
- An up to date prescribing policy was in place and repeat prescriptions were reviewed in line with published guidance. A pharmacist employed by the Clinical Commissioning Group who worked with the practice, informed us that the practice reviewed prescriptions to ensure patient safety was maintained. Prescription pads were stored securely.
- The dispensary was managed effectively in relation to the handling and dispensing of medicines. The temperatures of fridges in use were monitored daily to ensure medicines remained effective. Controlled drugs were stored securely and published guidance followed in relation to the receiving, recording and dispensing of them.
- The practice was signed up to the Dispensary Services Quality Scheme (DSQS) and had appropriate policies and protocols in place. The lead GP was designated as the person responsible for the dispensary. Staff were suitably qualified and skilled. Audits had been undertaken and they were sent to us after the inspection. They reflected effective procedures.
- Dispensary staff received medicine alerts and responded accordingly to ensure that patients received safe care and treatment. A system was in place to ensure that prescriptions were not prepared or dispensed without having been signed by one of the GPs.

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

All staff working at the practice had received basic life support training and this included the use of the defibrillator. Emergency medicines, a defibrillator and oxygen were available and accessible in one of the treatment rooms and staff spoken with were aware of the location and how to operate the equipment. The defibrillator available on the premises and oxygen included adult and children's masks. All the medicines and equipment we checked were in date and fit for use.

## Are services safe?

The practice monitored patients taking blood thinning medicine. The practice stocked a particular medicine that could be given to patients to reverse the effect of this medicine in the event that the monitoring revealed levels that could be dangerous to patients.

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 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.

We found that the GPs and clinical staff shared their knowledge and expertise with each other and referred to recognised clinical publications to ensure they were up to date with any new practice or innovations in healthcare.

### 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. The practice also monitored patient outcomes for health conditions that fell outside of the QOF.

Results for the year 2012 to 2013 were 100% of the total number of points available for QOF achievement. Results for the year 2013 to 2014 were 99% of the total number of points available. Practice data reflected that for the year 2014 to 2015 the practice had achieved at 99% of the points available but this was yet to be ratified by the auditing body responsible for the data accuracy. These statistics were achieved with a lower than national average exception rate of 2.8%. Exception reporting is used to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medicine cannot be prescribed due to a contraindication or side-effect. This reflected a consistent approach to delivering their performance objectives. This practice was not an outlier for any QOF (or other national) clinical targets.

Performance for diabetes related indicators was higher than other practices nationally. Examples were as follows;

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less was 82% as compared with 81% nationally.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared with 88% nationally.

Other examples of performance data were as follows;

- The percentage of reviews of patients with dementia was 81% compared with 84% nationally.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 9 months is 150/90mmHg or less was 87% as compared with 83% nationally.

We found that all of the staff at the practice were involved in achieving performance targets. Staff spoken with understood how their role could support the practice towards achieving their objectives. They had been trained on the patient computerised record system and when patients attended for appointments they used the coding system to identify patients that were due for prescription reviews, blood tests, blood pressure tests and health reviews.

Staff received regular updates about performance and worked towards their targets as part of a cohesive team. This ensured that patients received regular monitoring to improve their condition and/or quality of life. The practice adopted a 'one stop' approach to their patients' care. When appointments were booked, reception staff researched the coding on the computerised record system to identify whether the GPs had identified other health issues that could be addressed when they attended, such as a blood pressure test that was due. They then liaised with the clinical staff member to inform them of these issues so they could be dealt with at the same time. This meant that when attending for routine appointment patients often received a medicine review, blood pressure test or a general health check, to avoid them having to attend on separate occasions.

# Are services effective?

## (for example, treatment is effective)

Data available for the year 2013 to 2014 reflected that the practice was similar to other practices nationally for A & E emergency admissions and lower for emergency cancer admissions.

The practice took account of published clinical findings and made use of the services available in the local community to support their patients. This included a community bus service to support elderly patients and those with limited mobility to access the services provided at the practice.

Elderly people were supported to undertake general fitness exercises to help maintain a healthy lifestyle and to reduce the risk of falls. This involved an advertising initiative to make them aware of the benefits of balance exercises and those to help them stay fit while taking part in daily activities such as gardening, to prevent the risk of injury.

The practice was encouraging patients to wash their hands more frequently to reduce the risk of contracting the flu virus.

The practice worked with the local community to provide education to their patients by providing presentations at village halls and other meetings/fetes to promote effective health care. They also worked in partnership with organisers of community transport so that patients with limited mobility could access the practice regularly for health reviews and appointments.

We found that repeat clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We looked at four clinical audits completed in the last year. We found that where improvements had been identified these had been actioned and a repeat audit reflected that they had been maintained and improved upon.

One such audit related to the prescribing of certain anti-inflammatory medicines that could present risks to patients. They had reviewed the number of patients taking this medicine and switched them to an alternative where necessary. The second audit identified that further improvements had been achieved. Findings were used by the practice to improve services.

We also looked at an audit that fell outside of the QOF. This related to the care and treatment of patients with a particular long-term condition. The practice identified that

some patients with the condition had not received recommended immunisations. They reviewed their patients and then requested they attend the practice to receive them. The practice also recorded the patients with this condition on a register so that their care and treatment could be monitored more effectively.

The practice had achieved a consistently high level of QOF performance over the last few years with an exception rate of below the national average. A & E admission rates were similar to the national average, cancer admission rates were below the national average, there were low out of hour's service user rates and clinical audits that identified and maintained improvements in care and treatment. These outcomes were indicative of a practice that was monitoring the effectiveness of their care and treatment and meeting patient needs.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. We spoke with a recently employed member of staff who confirmed that they had undergone an effective induction that equipped them in their role.
- 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 and development was encouraged. We saw examples of training requested and that had been completed or had been planned.
- Mandatory training had been identified and staff were advised when any training was due. We saw evidence of planning and course dates for the future.
- Clinical staff were encouraged to undertake their continuous professional development to maintain their skills and qualifications. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.
- Staff training needs had been identified including the training type and frequency. This was being monitored



# Are services effective?

## (for example, treatment is effective)

and staff were up to date with training. This included: safeguarding, fire procedures, basic life support and information governance awareness. Training included face to face, in-house or by eLearning. The skills and qualifications of staff met the needs of patients.

- Record keeping was consistently above average in relation to all of the areas we looked at and all documentation required to be kept was in place.

Staff spoken with felt supported and part of a team. They told us that their appraisals were meaningful and that their training and development needs were being met.

Reception staff told us that clinical staff were always available for advice and guidance.

### 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 ongoing 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 regular basis and that care plans were routinely reviewed and updated.

The practice was aware that communication with one of the local hospitals was not possible through the internet or other form of information technology. As a result of this, systems were in place to check that the appropriate information was being accurately passed between the practice and hospital staff to ensure patient records were correct and that patients were receiving the appropriate care and treatment.

### 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 practices responsibilities within legislation and followed relevant national guidance.

The practice recognised that young patients may be apprehensive attending a surgery and in their waiting room posters were displayed explaining that the staff at the practice recognised that the transition from teenager to adult may be stressful and that advice and guidance was available for them. This included a discussion with the GP to assure them that their confidentiality would be maintained without necessarily consulting with their parents. This was designed to reassure young patients that discussions with GPs would remain confidential and that they could attend the practice and talk about issues without being anxious that their parents would be notified of their concerns.

All staff spoken with were aware of Gillick competencies as they related to consent in children under the age of 16. Children attending without their parent or guardian were referred to the GPs to assess whether they had the maturity and understanding to make decisions about their care and treatment.

### 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 lifestyle advice. Patients were then signposted to the relevant service.

The practice was following recent clinical advice in relation to flu prevention precautions. This had identified that washing hands more regularly during the day reduced the



# Are services effective?

(for example, treatment is effective)

risk of patients contracting the flu virus. The practice had placed signs in prominent places in the practice to advise patients of this advice and was pro-active in educating patients when they attended the surgery.

The practice advertised the availability of the meningitis vaccination for adults aged 18 or above and particularly those going away to study at university. Posters containing relevant information were displayed in the practice and these included the signs and symptoms. They also provided information in their leaflets that advised of the dangers of food poisoning and the correct techniques to follow to maintain appropriate levels of food hygiene.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 85% which was better than the national average of 82%. There was a system in place to remind patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to the Clinical Commissioning Group averages and in some cases were higher. Flu vaccination rates for the over 65s were 82%, and at risk groups 71%. These were both above CCG averages. Nurses were supported with detailed patient group directions and patient's specific directions.

The practice also monitored their aortic abdominal screening rates for relevant patients and we were told by the practice that they had achieved a rate of 94%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74 years. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Sexual health advice was available for patients of all ages. The practice was aware that data available suggested that there was an increase in sexual health issues amongst the over 50s and had advertised guidance in their waiting room. Patients needing advice were able to see a GP or a nurse if they needed to.

The practice encouraged elderly patients to undertake balance exercises to reduce the risk of falls. This had been implemented as a result of a clinical study. Staff at the practice had been made aware of this and were actively promoting it amongst their patients.

The practice worked closely with an external independent physiotherapist who attended the practice weekly to provide private treatments. This was a joint prevention initiative whereby the physiotherapist voluntarily provided organised learning events free of charge for patients as part of a community approach to reduce the number of falls experienced by patients. This also included an exercise programme for the elderly that they called 'Get fit for gardening.' The physiotherapist also gave presentations to the practice patient participation group and attended local community events such as fetes to promote this initiative. This was a new service provided to patients and the impact of the exercise programmes had yet to be measured and assessed.

# 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.

Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Music was played in the reception area to reduce the risk of over hearing sensitive conversations.

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.

Results from the national GP patient survey published in July 2015 showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 87% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 84% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%.
- 90% patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

All of the 47 patient CQC comment cards we received were positive about the service experienced. The seven patients we spoke with 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 three 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.

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

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 positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 85% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and national average of 81%.

### 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. This included mental health and dementia support, carers groups and bereavement services.

The practice identified people who were carers and gave them appropriate care and support. A care advisor attended weekly to offer additional support in relation to the benefits that were available and access to suitable mobility and other equipment.

## Are services caring?

The practice had contact numbers available for patients to contact external support agencies if they were required. These included domestic abuse for males and females, family law, women's rights, the local authority homeless team and sexual violence.

The practice had a system in place to support patients that suffered bereavement. They were contacted by phone by the GP who best knows them to assess their needs. The practice had a bereavement register and we were told it was used to identify those patients who might need additional support at the time of the bereavement or on

the anniversary of their loss. 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.

We spoke with one patient who had suffered bereavement. They told us that they had received excellent support from all staff at the practice including local community support from volunteers that had been organised by the practice. They told us that on the anniversary of the bereavement the practice contacted them and attended their address to check on their welfare. They spoke very highly of this service and how it had helped them to come to terms with their loss.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was aware of the priorities of the local Clinical Commissioning Group (CCG) and planned their services to improve outcomes for patients in the area. We found a considerable amount of community working in place at the practice to help towards supporting the needs of their patients. The practice had identified and worked with their community to identify funding and volunteer support networks and a working relationship had been put in place. This included organising educational events for patients, the use of community transport and the use of a local charity fund to provide equipment.

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 a phlebotomy service for their patients. This included routine blood tests and the monitoring of patients on blood thinning medication.
- A system was in place to update patients on test results. This included calling patients on a Sunday who worked so that they could receive their result and discuss any concerns.
- There was a dispensary on site for patients living more than a mile from their local pharmacy or that required medicine urgently.
- There was a late night surgery on a Tuesday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or others requiring them. Urgent access appointments were available for children and those with serious medical conditions.
- Home visits and telephone consultations were available for older patients / patients who would benefit from these.
- Patients with long-term conditions were reviewed regularly by qualified and experienced staff. A system was in place to recall patients who had not attended for their review.
- There were fully accessible baby changing facilities, a hearing loop and automatic doors for wheelchair users.

- Multidisciplinary meetings took place with other healthcare professionals to review the care and treatment needs of frail patients or those with palliative care needs.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 9.30am to 11.30am every morning and 4.30pm to 6pm daily. Extended hours surgeries were offered on Tuesdays until 7.30pm. In addition pre-bookable appointments could be booked up to four months in advance and urgent, same day appointments were also available for people that needed them.

Home visits were available for patients that needed them and each day the GPs allocated time to undertake telephone consultations with patients or to provide them with advice on health concerns.

The practice made use of their computerised patient record system to identify patients that were vulnerable and when they called for an appointment they were given priority. This also applied to children.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 65% and national average of 73%.
- 85% patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 79% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 64% and national average of 65%.

The practice monitored the feedback from the national GP patient survey and had identified some areas where they

# Are services responsive to people's needs?

(for example, to feedback?)

might improve. These included the use of nurses qualified to carry out patient consultations to relieve the pressures on the GPs and taking steps to reduce the waiting time for patients when due for an appointment.

Patients spoken with on the day of our inspection were generally satisfied with the appointment system, although some had experienced delays on occasions.

## **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 that an information leaflet was available in the waiting area to help patients understand the complaints

system. Information on how to make a complaint could also be found on the practice website. Staff we spoke with were aware of the process to follow if they wished to make a complaint.

The practice recorded and analysed all complaints and held an annual review to identify themes and trends. This also included a review of the complaints process.

We looked at six of the complaints that had been received in the last 12 months and found that they had been satisfactorily handled, dealt with in a timely way and with openness and transparency with dealing with the complaint. Where improvement areas had been identified they had been actioned to improve the quality of care. None of the complaints referred to clinical issues at the practice and several of the complaints were from patients unable to register at the practice due to capacity issues.

# 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 outlined their objectives and these included providing a high standard of care to their patients, recognising and acknowledging patient needs and maintaining a skilled, happy and motivated surgery team.

Staff knew and understood the values of the practice and how their roles linked to the objectives of the practice. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were regularly monitored.

We found that the practice had included all their staff in the vision and had ensured that their understanding of their objectives were clear. The practice worked as part of a team and was achieving consistently high levels of performance.

### 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 who had signed them to indicate they were understood. Policies were regularly reviewed, in date and fit for purpose. Team meetings were used to discuss policies.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. The audits undertaken had not identified the need for significant improvements so systems and processes were effective.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Standards were set and maintained with an emphasis on continuous improvement and the provision of high quality of care for patients.

We looked at several audits that had been carried out in the last year some of which had been repeated to assess whether improvements had been maintained. These included audits for patients suffering with coeliac disease to ensure they were receiving appropriate medicines and vaccinations, the treatment of urinary tract infections, the fitting of contraceptive devices and record keeping, infection risks for patients receiving minor surgery and treatment reviews of the care of patients considered to be at high risk. We found that audits were used to identify improvements and that these had been maintained over time.

### Leadership, openness and transparency

The practice had identified leads for key roles within the practice. These included governance, performance, clinical and infection control. The lead GP and practice manager were responsible for oversight of the practice. Staff working at the practice had the experience, capacity and capability to run the practice and ensure high quality care. Those in leadership roles were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. We found that there was a culture of openness and honesty.

Staff told us that regular team meetings were held and minutes were available to read if some staff could not attend for any reason. Staff told us that there was an open culture within the practice and they were encouraged to raise any issues at team meetings and felt supported if they did. Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice were provided with opportunities to improve the service delivered by the practice.

A retired member of staff contacted us prior to the inspection who had retired within the last six months. They told us that the leadership at the practice was of a high quality and staff were supported and encouraged to deliver high quality care. They said that the level of dedication and expertise displayed by the clinical and non-clinical staff, and in particular the lead GP, was above and beyond what they had experienced elsewhere in their long career.

Staff were committed to maintaining standards and providing safe and effective care for their patients. The performance of the practice over the last three years demonstrated that there was effective leadership in and this contributed to the results they had achieved



# Are services well-led?

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consistently. Staff were complimentary about the leadership and felt part of a team. The practice ethos was to strive for improvement across all areas of the care and treatment.

## **Seeking and acting on feedback from patients, the public and staff**

The practice encouraged and valued feedback from patients. It had gathered feedback from patients through the patient participation group (PPG), through complaints received and by monitoring the responses from the national GP patient survey. There was an active PPG with a membership of approximately 20 patients, which met on a three monthly basis and they submitted proposals for improvements to the practice management team. The practice did not undertake their own practice survey but had plans to undertake one in the near future.

On the day of the inspection we met with three representatives of the PPG. They told us that they were involved in providing feedback to the practice about the services provided including identifying areas for improvement. They told us that the practice was pro-active in seeking their views and that GPs and other practice staff attended the meetings and were supportive.

The practice website was used to encourage patients to join the PPG and to keep them updated. Minutes of meetings were available to read on the website and a noticeboard in the waiting room was dedicated to provide patients with information and encourage them to join.

Examples of improvements identified as a result of feedback from the PPG included increasing PPG membership to include a diversification of the PPG profile, increasing the use of technology to enable shorter repeat prescription processing time and changing the music playing in the reception area. Historic improvements included the installation of a new telephone system and re-decoration of the toilet facilities at the practice to improve the experience of patients and to enhance infection control procedures.

The practice monitored the results from the national GP patient survey and discussed them with the PPG. Areas for improvement were identified and then these were cascaded to staff at team meetings. Areas for improvement were the subject of action plans which were being monitored.

The results of the national GP patient survey reflected that the practice was consistently above other practices locally and nationally in patient satisfaction across the majority of the areas covered by the survey.

Results from the NHS Friends and Family test revealed that patients were either likely or very likely to recommend the practice.

The practice gathered feedback from staff through team meetings, appraisals and informally. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One example of listening to staff views was in relation to equipment used for the taking of blood from patients. A recently employed member of staff told us that they had recommended the purchase of a more suitable chair for patients to sit in when blood samples were taken and specialised equipment for the taking of samples. These had been authorised in a timely manner and purchased. This helped support both staff and patients. Staff told us they felt involved and engaged to improve how the practice was run.

## **Innovation**

There was a strong focus on continuous learning and improvement at all levels within the practice, which included the use of published studies to improve healthcare. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice regularly worked with the community to provide support for patients and sought opportunities when they became available to supplement the resources available for patient care.

The practice was planning to provide a weekly consultant clinic at the surgery to cover a variety of health specialities such as heart conditions. This was designed so that patients with these conditions could receive additional support and monitoring over and above what they received at an out patients appointment and to benefit the GPs at the practice so they could enhance their clinical skills by working with consultant specialists. This was due to start in January 2016.

The practice had recognised that young people attending the practice were apprehensive and unaware of what to expect in relation to confidentiality. The practice had a dedicated noticeboard for this population group in the waiting area and information was supplied to support

# Are services well-led?

Good 

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

them. This included the availability of meningitis vaccinations from the age of 18, food hygiene and sexual health advice. They had named this initiative 'Going Solo' and it was intended to provide education to young people going into adulthood.

The practice were aware of the rise in sexual health issues of the age group of 50 and over and were advising patients of the risks and prevention methods available to them. Patients were able to receive advice and information to help them understand the issues.

The practice was aware of the difficulties patients faced when suffering from domestic violence. To support them

and to maintain their confidentiality when attending the reception desk, they had devised a covert method of alerting staff that they wished to discuss domestic abuse. The method used meant that they did not have to speak about the issue and staff were able to arrange an appointment with a GP without the need for a patient to discuss it on the phone or at reception.

The practice recognised that elderly patients often suffer falls. A clinical study had identified that balance exercise for the elderly could reduce the risk of falls by 18% and this was being promoted to patients who attended the surgery and with posters on noticeboards.