

Chestnut Farm Surgery

Quality Report

174 Dunvegan Road
Sutton, Hull
HU8 9LF

Tel: 01482 701090

Website: www.chestnutfarmsurgery.co.uk

Date of inspection visit: 08 September 2015

Date of publication: 18/02/2016

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

Ratings

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

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8
Areas for improvement	8

Detailed findings from this inspection

Our inspection team	9
Background to Chestnut Farm Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Chestnut Farm Surgery on 8 September 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- There were systems in place to reduce risks to patient safety for example, infection control procedures.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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.

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

Importantly the provider should:

- Ensure that a new Patient participation Group (PPG) is established to gather patients' views to inform service improvements.

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.
- Information was communicated across the practice to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- There were sufficient numbers of staff with an appropriate skill mix to keep patients safe.
- Appropriate recruitment checks had been carried out on staff.

Good



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.
- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals for all staff. Staff worked with multidisciplinary teams and there were systems in place to ensure appropriate information was shared.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients' views gathered at inspection demonstrated they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.
- Data from the National GP Patient Survey showed that patients were content with the care received.

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 worked to improve services to patients.
- At the time of our inspection the practice did not have an active PPG but was working to recruit patients to a new group.
- Patients said they could make an appointment with a named GP and that there was continuity of care.
- Urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded appropriately to issues raised.

Are services well-led?

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

- Whilst it did not have a specific written vision or strategy all staff were committed to providing excellent patient care.
- Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management.
- The practice had policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.
- The practice was aware of future challenges and was working towards meeting these.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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, including for dementia.
- Memory test screening was offered to all patients over the age of 50.
- It was responsive to the needs of older people and offered home visits and usual GP appointments to improve continuity of care.
- It provided a direct telephone access number for older patients with complex health needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- For those people with the most complex needs the practice gave patients a direct telephone number, which bypassed the main telephone line, so that they could easily make appointments.
- The practice also identified patients who were at risk of an unplanned admission and multi-disciplinary care plans were in place. The GPs contacted these patients every three months to review their care.

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.

Summary of findings

- Immunisation rates were good for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- 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.

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 this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Routine appointments could be booked up to three months in advance.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 carried out annual health checks for patients living in vulnerable circumstances including those with a learning disability.
- Longer appointments were available for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

Good



Summary of findings

- Patients experiencing poor mental health 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 including those with dementia.
- Staff had received training on how to care for people with mental health needs and dementia.

Summary of findings

What people who use the service say

In the NHS England GP Patient Survey published in July 2015, of 106 responses 81.5% of patients said that the last GP they saw was good at involving them in decision about their care. 96.3% found the receptionists to be helpful and 88.5% described their overall experience of the surgery as good. These results were all above or in line with the Clinical Commissioning Group (CCG) and England averages.

The practice did not have an active PPG at the time of our inspection. We speak to four patients as part of the

inspection. We also collected 11 Care Quality Commission (CQC) comment cards which were sent to the practice before the inspection, for patients to complete.

All the patients we spoke to and the comment cards reviewed indicated patients were highly satisfied with the service provided. Patients said they were treated with dignity and respect and that staff were professional, friendly and caring. Patients said that their needs were responded to and they received the care they needed. Patients said they were treated as individuals and involved in their care.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that a new Patient participation Group (PPG) is established to gather patients' views to inform service improvements.

Chestnut Farm Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Chestnut Farm Surgery

Chestnut Farm Surgery provides Primary Medical Services to approximately 2,200 patients living near Sutton in east Hull. Services are provided from the main surgery at Dunvegan Road.

There are two GP partners, one male and one female which ensured that patients can be seen by a male or female GP as they choose. There is a practice nurse and two healthcare assistants. They are supported by a team of management, reception and administrative staff. The practice also employs its own cleaner.

The practice has slightly higher than average levels of older people whose income is below the national average and a higher than average number of patients in receipt of Disability Allowance.

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

The practice provides appointments between 9.30am and 4.30pm Monday to Friday with later appointments available

on Mondays between 5pm and 6pm. The surgery and telephone lines are open from 8am to 18:30 Monday to Friday. Out of Hours services are accessed via the 111 service.

The practice also offers enhanced services including learning disabilities, support for people with dementia, childhood vaccination and immunisation and influenza and pneumococcal immunisations.

Why we carried out this inspection

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

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

How we carried out this inspection

Before our inspection we carried out an analysis of data from our Intelligent Monitoring system. We also reviewed information we held and asked other organisations and key stakeholders to share what they knew about the service. We reviewed the practice's policies, procedures and other information the practice provided before the inspection. The information reviewed did not highlight any significant areas of risk across the five key question areas

Detailed findings

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

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

We also looked at how well services 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).

We reviewed all areas of the surgeries, including the administrative areas. We sought views from patients, both face-to-face and via comment cards. We spoke with the practice manager, GPs, nursing staff, administrative and reception staff.

We observed how staff handled patients attending for appointments and how information received from patients ringing the practice was handled. We reviewed how the GPs made clinical decisions. We reviewed a variety of documents used by the practice to run the service.

Are services safe?

Our findings

Safe track record and learning

There was a system in place for reporting and recording significant events. Staff and the GPs we spoke to were aware of incident reporting procedures. They knew how to access the forms and felt encouraged to report incidents. All complaints received by the practice were recorded and reviewed to identify areas for improvement. The practice recorded and analysed significant events.

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. For example, reviewing patients who were using glucometers which were the subject of a safety alert.

Overview of safety systems and processes

The practice could demonstrate its safe track record through having risk management systems in place for safeguarding, health and safety, infection control, medicines management and staffing.

- There were arrangements in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible on the computer system to all staff. Staff were aware of who to contact for further guidance if they had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that a chaperone could be provided if they wanted one. Both nursing and administrative could act as chaperones if required and all had received relevant training. All staff who acted as chaperones had received a disclosure and barring (DBS) check. These 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. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure the

equipment was safe to use and clinical equipment was checked to ensure it was in working order. 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 (COSHH) and infection control.

- Appropriate standards of cleanliness and hygiene were followed. There was an infection control policy in place and all relevant staff had completed infection control training. The practice had been audited by the infection control team from the health care partnership and any changes required were identified and recorded on an action plan which was reviewed regularly. There was a lack of clarity over who the infection control lead was. The practice informed us they would address this issue immediately.
- Responsibility for the premises was with NHS Property Services and they ensured that Legionella risk assessments and regular monitoring was undertaken by an accredited external contractor.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Prescriptions were securely stored and all were signed by a GP before the prescription was issued.
- Appropriate recruitment checks were carried out. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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. There was oxygen available on the premises with adult and children's masks available to use with it.

Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. This was in the process of being updated to include emergency contact numbers for staff. Staff knew where they could access this information.

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.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment and consent

The practice carried out assessments and treatment in line with the National Institute of Health and Care Excellence (NICE) best practice guidelines and 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.

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.

Protecting and improving patient health

The practice offered new patient health checks, with appropriate follow-up on the outcomes where abnormalities or risk factors were identified. Advice was also available on stopping smoking, alcohol consumption and weight management. Patients over the age of 75 were allocated a named GP. Nurses used chronic disease management appointments to promote healthy living and health prevention in relation to the person's condition.

The practice's uptake for the cervical screening programme was 85.2%, which was higher than the national average of 81.8%. The practice gave reminders for patients who did not attend for their cervical screening test.

Childhood immunisation rates for the vaccinations given were comparable to CCG and National averages. Childhood immunisation rates for the vaccinations given to under two's was 100%. For five year olds it ranged from 88.2% to 100%. Flu vaccination rates for the over 65s were 75.21%, which was slightly above the national average.

Coordinating patient care

Staff had all the information they needed to deliver effective care and treatment to patients who used services. 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.

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. For example, regular meetings were held to discuss the needs and treatment strategies of patients with long term conditions and those with palliative care needs. These were attended by other professionals including district nurses and community matrons and care plans were routinely reviewed and updated.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework system (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 87.8% of the total number of points available, with 7.7% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Patients who had long term conditions were continuously followed up throughout the year to ensure they attended health reviews. The practice was not an outlier for the majority of QOF (or other national) clinical targets. Data from 2013-2014 showed:

- Performance for diabetes related indicators was worse to the CCG and national average. 75.6%, 13.4% below the CCG average and 13.6 below the national average.
- The percentage of patients with hypertension having regular blood pressure tests was better to the CCG and national average. 93.4%, 1.6% above the CCG average and 2.4 above the national average.
- Performance for mental health related indicators was worse to the CCG and national average. 88.5%, 3.7% below the CCG average and 4.3 below the national average.

Clinical audits were carried out and all relevant staff were involved to improve care and treatment and people's outcomes.

Are services effective?

(for example, treatment is effective)

- Audits included the prescribing of a medicine to help with weight reduction. Following the initial audit prescribing practice was reviewed and when a follow up audit was undertaken no patients had been prescribed the medicine.
- Audits were also undertaken of the prescribing data and showed that the practice had exceeded its reduction target, of 1%, for the prescribing of antibiotics and had reduced prescribing by 4.6% between March 2015 and May 2015. The findings from these audits were used by the practice to improve services and prescribing practice.

Effective staffing

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

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 sessions, one-to-one meetings, appraisals, clinical supervision, and facilitation and support for the revalidation of GPs. Details of mandatory and non-mandatory training were recorded and was reviewed regularly. All GPs were up to date with their appraisals and all other staff had had an appraisal within the last 12 months.

Staff received induction and training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

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. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Consultation and treatment room doors were closed during consultations and conversations that took place in these rooms could not be overheard.

All of the 11 CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were caring and treated them with dignity and respect. We spoke with four patients 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. These levels of satisfaction were also mirrored in patient surveys undertaken by the practice and in comments made on the Friends and Family test.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access support groups and organisations. The practice was aware if a patient was a carer, and provided support, for example, by offering health checks and influenza vaccinations.

Staff told us that if families had suffered bereavement they were offered support and advice.

Results from the national GP patient survey showed from 106 responses that performance was broadly in line with local and national averages. This included:

- 81.51% said the GP was good at involving them in decisions about their care, compared to the CCG average of 79% and national average of 81.5%.
- 93.2% said they had confidence and trust in the last GP they saw compared to the CCG average of 93.2% and national average of 95.3%.
- 96.3% of patients found reception staff helpful compared to the CCG average of 85.3% and national average of 86.9%.

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.

Data from the National GP Patient Survey showed patients generally 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. Although only 73.1% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82.7% and national average of 86.3%. This slightly lower than average score was not reflected in the comments made to us on comment cards and by patients we spoke with.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked to improve outcomes for patients in the area. For example, the practice provided enhanced services to try to prevent unplanned admissions. Patients at risk of admission were identified and a care plan was put in place and reviewed every three months by the GP, to see if any changes were needed. The patients were given an urgent contact number, which bypassed the main number enabling the patient to contact the practice quickly.

The practice did not have an active PPG in place. We noted the practice was in the process of trying to recruit patients to a new group.

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered a later surgery on a Monday from 5pm until 6pm for 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 elderly patients and those that needed them.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.

Access to the service

Results from the National GP Patient Survey showed that patient's satisfaction with opening hours was 78.7% compared to the CCG average of 78.1% and national average of 75.7%.

The practice provided appointments between 9.30am and 4.30pm Monday to Friday with later appointments available on Mondays between 5pm and 6pm. The surgery and telephone lines were open from 8am to 18:30 Monday to Friday. Appointments could be booked up to three months in advance and urgent appointments were also available.

Wherever possible the practice tried to give patients appointments with their usual GP as they felt this provided the best continuity of care.

Listening and learning from concerns and complaints

The practice has a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the waiting room, on the website and in the practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to.

Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at complaints received in the last 12 months and found that they were dealt with in a timely and appropriate way and had been responded to with a full explanation and apology.

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 did not have a specific statement setting out its vision or values. However the staff that we spoke to explained that the aim was provide excellent care for its patient's and to always consider how these services could be improved.

The practice was aware of the challenges it would face in the future in terms of continuing to meet the needs of its patients, including the increasing needs of an ageing population. Over the past three years the practice had undergone a number of changes, including employing two new GP partners, updating the premises and improving the IT system. It was now considering how to continue to provide and improve services to patients in the most efficient and cost effective way

Governance arrangements

The practice had a governance policy which outlined structures and procedures to be followed. Governance systems in the practice were underpinned by:

- A clear staffing structure and a staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes. Analysis of incidents actively took place.
- A system of continuous audit cycles which demonstrated an improvement on patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Acting on any concerns raised by both patients and staff.
- The GPs were all supported to address their professional development needs for revalidation. All staff had appraisals and continuing professional development.