

# Holmhurst Medical Centre

## 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?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Holmhurst Medical Centre on 26 October 2016. Overall the practice is rated as good.

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

- There was an effective system in place for reporting and recording significant events.
- However, not all staff were involved in discussions about incidents and therefore the practice could not be assured that lessons were always shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment. However, there were some gaps evident in administrative staff appraisals and training due to recent changes to the staff teams. The practice had plans in place to address this.
- Patients told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Responses from the GP patient survey showed the practice was lower than average in relation to some aspects of GP and nurse consultations and accessing services.
- Patients had experienced some difficulties in relation to accessing appointments and the practice was addressing this by offering more on the day 'sit and wait' appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from patients and staff, which it acted on.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

# Summary of findings

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

The areas where the provider must make improvements are:

- Ensure that effective communication takes place between staff teams, ensuring that all staff are involved in the review of issues relating to the quality of the service such as significant events and that meetings are held regularly.

In addition the provider should:

- Review the results of national survey data in relation to GP and nurse consultations and take action to improve this.
- Continue to monitor patient satisfaction with accessing services in relation to survey data and recent changes to the appointment systems.
- Continue to take action to ensure all administrative staff receive annual appraisals and up to date training.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events
- However, not all staff were involved in discussions about incidents and therefore the practice could not be assured that lessons were always shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all clinical staff and where non-clinical staff had not had an appraisal there were plans in place to address this.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed mixed responses from patients relating to some aspects of GP and nurse consultations.

# Summary of findings

- Patients we spoke with said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. This included working with other practices to meet the needs of patients in the locality.
- Patients said they experienced some difficulties making an appointment with a named GP although some told us that action taken by the practice had led to some improvement in this area. 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 quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on, however administrative staff meetings were ad hoc and irregular and there was no full staff meeting held within the practice.
- There was a focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs supported a number of patients in local care homes and worked closely with staff to reduce the number of unplanned hospital admissions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators at 99.9% was better when compared to the CCG average of 93.4% and to the national average of 89.9%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

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

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 75% and the national average of 76%. Appointments were available outside of school hours and the premises were suitable for children and babies.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours appointments were available twice a week and the practice had also scheduled some flu clinics later in the day to meet the needs of this group of patients.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

**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

- 80% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 80% and the national average of 78%.
- Performance for mental health related indicators at 92% was similar to the CCG average of 90% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and eighty eight survey forms were distributed and 126 were returned. This represented 1.3% of the practice's patient list.

- 52% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.

- 78% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 60% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

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

- Ensure that effective communication takes place between staff teams, ensuring that all staff are involved in the review of issues relating to the quality of the service such as significant events and that meetings are held regularly.

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

- Review the results of national survey data in relation to GP and nurse consultations and take action to improve this.
- Continue to monitor patient satisfaction with accessing services in relation to survey data and recent changes to the appointment systems.
- Continue to take action to ensure all administrative staff receive annual appraisals and up to date training.

# Holmhurst Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Holmhurst Medical Centre

Holmhurst Medical Centre is a GP practice based in Redhill in Surrey. The practice provides GP services to 9850 patients.

The practice has a higher proportion of patients under the age of 18 and a lower proportion of patients over the age of 65 when compared with both the CCG and national averages. In addition the practice had a higher proportion of patients in paid work or education and a smaller proportion of patients with a long standing health condition. The practice is in the second least deprived decile, with significantly less deprivation than the national average and slightly less deprivation than the CCG average.

The practice holds a General Medical Service contract and consists of three partners (male and female) and three salaried GPs (male and female). The GPs are supported by three nurses and a phlebotomist, business and practice management and a range of administrative roles. A wide range of services and clinics are offered by the practice including asthma and diabetes.

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours appointments are available on a Wednesday evening until 7.30pm and a Friday morning between 7.30am and 8.30am. In addition to pre-bookable

appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that needed them. Pre-bookable minor illness clinics were available with the nurse as were 'sit and wait' clinics with the duty doctor.

Services are provided from:

Holmhurst Medical Centre, 12 Thornton Side, Redhill, Surrey, RH1 2NP.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, administrative staff and management staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members

# Detailed findings

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events and took action to address issues as they arose.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that some lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a patient had fainted during a blood test, the practice had taken the decision to ensure that future phlebotomy clinics were held in a different room as staff had experienced some difficulty supporting the patient due to restrictions within the room. However, not all staff were involved in discussions about significant events as we were told these discussions were held within weekly meetings attended by mostly GPs and practice management staff. For example, administrative/reception staff we spoke with were unaware of any significant events relating to their roles despite there being two incidents in the last 12 months, one relating to results and the other relating to a mix up with patient names. Regular meetings involving all practice staff were not held and administrative staff meetings were held on an ad hoc basis and not minuted so the practice were unable to demonstrate that incidents were discussed with the wider staff team.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child protection or child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, bins in clinical areas had been changed to those with a foot pedal operation.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

# Are services safe?

there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We viewed records that showed mitigating action such as regular water and temperature testing and flushing of unused water outlets were carried out regularly.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had gone through a number of staff changes in recent months. We were told that administrative staff had provided cover for each other and some had increased hours to cover a shortfall in hours during recruitment and induction phases.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and key staff had access to the plan off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Monthly teaching sessions took place where guidance and treatment updates were discussed.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.3% of the total number of points available. Overall exception reporting at 9% was similar to CCG and national averages. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators at 99.9% was better when compared to the CCG average of 93.4% and to the national average of 89.9%.
- Performance for mental health related indicators at 92% was similar to the CCG average of 90% and the national average of 93%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who had received a review of their condition was 90% and better than the CCG average of 77% and the national average of 79%.

There was evidence of quality improvement including clinical audit.

- There had been four clinical audits completed in the last two years, including ongoing audits of minor surgery and the use of some high risk medicines. There was evidence of three completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of clinical correlation with histology results following minor surgery and ensuring that action is timely.

Information about patients' outcomes was used to make improvements such as the care planning and review of patients in a local nursing home supported by the practice. The lead GP for supporting the nursing homes had attended training relating to nursing home management and worked closely with their staff to reduce the risk of hospital admissions.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical



# Are services effective?

## (for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. All clinical staff had received an appraisal within the last 12 months. Some administrative staff were overdue an appraisal, however this was due to a number of administrative staff changes in recent months and the practice had appraisal dates booked for those staff who were due. New staff in post had received regular reviews during their induction and probationary periods.

- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. A training log was available and showed some gaps in relation to administrative staff where there had been a significant number of staff changes. However, we saw that this was being addressed and that a plan was in place to ensure all new staff were up to date with training in a timely manner.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle and wellbeing issues. Patients were signposted to the relevant service.
- Smoking cessation and health living advice was available.

The practice's uptake for the cervical screening programme was 74%, which was comparable to the CCG average of 75% and the national average of 76%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available and we were told staff could access written patient information in different formats if necessary. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening for those eligible was at 59.1% compared with 58.7% (CCG) and 58.3% (nationally). Breast cancer screening for those eligible was at 67.5% compared with 73.5% (CCG) and 72.2% (nationally). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 67% to 75% compared with the CCG average of 73% to 79% and five year olds from 53% to 94% compared with the CCG average of 68% to 87%.



## Are services effective?

(for example, treatment is effective)

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

One patient Care Quality Commission comment card was received and was positive about the service experienced and that staff were friendly and helpful.

We spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comments received highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice had a mixed response in relation to its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.
- 83% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.

- 83% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and generally had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients had a mixed response to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages in some areas. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 82%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Patient information leaflets were available in the waiting area and notice boards included information about the support and services patients could access.

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

## Are services caring?

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 208 patients as

carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. This included referral to support services and breaks for carers when needed.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours appointments on a Wednesday evening until 7.30pm and a Friday morning from 7.30am for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered a nurse led minor illness clinic.
- The practice had launched a 'sit and wait' clinic for the duty doctor on a daily basis following a successful trial of this service in response to patient dissatisfaction with access to services.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. Extended hours appointments are available on a Wednesday evening until 7.30pm and a Friday morning between 7.30am and 8.30am. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments are also available for people that needed them. Pre-bookable minor illness clinics were available with the nurse as were 'sit and wait' clinics with the duty doctor.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 78%.

- 52% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

The practice was aware of where patient satisfaction was low and had taken action to address this following a patient survey by implementing 'sit and wait' clinics and by improving telephone access with the addition of new staff. People told us on the day of the inspection that they were generally able to get appointments when they needed although three told us they had experienced some difficulties. Two of the five patients we spoke with told us they believed that the system had improved in recent months.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff would complete a home visit template, asking the patient key questions to provide information for the GPs. The GP would then review the information and contact the patient if they needed to in order to prioritise the urgency of the visit. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and through an information leaflet available at reception.

We looked at 20 complaints received in the last 12 months and found that these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

# Are services responsive to people's needs?

(for example, to feedback?)

taken to as a result to improve the quality of care. For example, The practice had reviewed the complaints received over a 12 month period and benchmarked activities against national guidance.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. There was a system in place for the regular review and update of policies.
- A comprehensive understanding of the performance of the practice was maintained with clear action planning in areas of need.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported by the partners and managers in the practice.
- There was a structure of meetings in place including practice meetings and individual team meetings. However, not all staff were able to attend the practice meetings as these were attended by GPs, managers and the lead nurse only. This meant there was no forum for all staff across different teams to meet. In addition we were told that monthly reception meetings tended to be ad hoc in recent months due to a number of staff changes and difficulty finding the time.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG had moved from a face to face to a virtual group in order to ensure representation of the patient population as a whole. The patient population was identified as being mostly younger patients who could not always make face to face meetings. A patient survey had been carried out as a result of complaints relating to patients experiencing difficulties accessing appointment. As a result of this the practice had taken the decision to pilot

# Are services well-led?

Good 

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

a 'sit and wait' GP clinic. During the pilot phase the practice had sought feedback from the patient participation group and launched the regular clinic in October 2016.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussions although some of these meetings and discussions had not been held regularly. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt that communication was beginning to improve within the practice.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice were members of a local federation where work was being undertaken to look at sharing nursing home visits across practices. In addition the practice hosted other NHS services within the practice.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had failed to ensure that issues relating to the quality and safety of the service were effectively communicated among staff within the practice. There was limited evidence that lessons learned as a result of incidents were discussed with the wider staff teams.</p> <p>This was in breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>