

# Friargate Surgery

## Quality Report

Agard Street  
Derby  
DE1 1DZ  
Tel: 01332 203787  
Website: [www.friargatesurgery.co.uk](http://www.friargatesurgery.co.uk)

Date of inspection visit: 10/10/2016  
Date of publication: 25/01/2017

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	4
The six population groups and what we found	7
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Friargate Surgery	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Friargate Surgery on 10 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety within the practice. Effective systems were in place to report, record and learn from significant events. Learning was shared with staff and external stakeholders where appropriate.
- Risks to patients were assessed and well managed. Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- The practice demonstrated innovation in managing care to achieve better outcomes for their patients by securing an audible blood pressure monitor for a patients with sight problems to manage their health at home.
- Training was provided for staff which equipped them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- GPs demonstrated a caring approach by convening multi-practice multi-disciplinary meetings to coordinate care and tailor it to the needs of patients.
- Patients told us they were able to get an appointment with a GP when they needed one, with urgent appointments available on the same day.
- Feedback from the GP patient survey was in line with local and national averages. 95% of patients stated they had confidence in the last GP they saw or spoke to.
- 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 and learning from complaints was shared with staff and stakeholders.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. Services were designed to meet the needs of patients.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on. The partners held quarterly meetings where all staff were involved.

However, the areas where the provider should make improvements are:

- Consider developing a patient participation group is established to encourage patient-led engagement.

**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.

- There was an effective system in place to ensure significant events were reported and recorded.
- Lessons were shared internally and externally when appropriate to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. 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 well assessed and managed within the practice.
- Appropriate recruitment checks had been carried out on recently recruited staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed several patient outcomes were below average compared to the local and national average. The most recently published results showed the practice had achieved 76% of the total number of points available. This was 21% below the clinical commissioning group (CCG) average and 19% below the national average.
- Staff used current evidence based guidance and local guidelines to assess the needs of patients and deliver appropriate care.
- There was an ongoing programme of clinical audit within the practice. The audits undertaken demonstrated improvements in quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Results from the national GP patient survey showed there were a number of areas where patients rated the practice higher than others locally and nationally. For example, 86% of patients said the last GP they saw or spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- Information for patients about the services available was easy to understand and accessible.
- We saw that staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were positive about the practice and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us urgent appointments were generally available the same day and that reception staff were accommodating to patients' needs.
- The practice responded to the needs of a patient with sight problems who had diabetes by securing an NHS funded audible blood pressure monitor to assist them in managing their condition at home.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice offered a range of services within its premises including physiotherapy and citizens advice.
- 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. This was underpinned by regular partner meetings to monitor areas for improvement and development.
- There was a clear leadership structure and staff felt supported by management. The practice had a wide range of policies and procedures to govern activity.

Good



# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The practice proactively sought feedback from staff and patients, which it acted on. There was engagement with the patients through various surveys and suggestion box comments.
- There were plans for collaborative working with neighbouring practices although these were at early stages.

# 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



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Regular multidisciplinary meetings were held to review frail patients and those at risk of hospital admission to plan and deliver care appropriate to their needs. For example, a GP convened a multi-disciplinary meeting to support an elderly man who was not a registered patient, who cared for his wife who had complex health needs. This resulted in a number of agencies working together to provide a joint package of care for the family as a whole.
- A consultant in Medicine for the Elderly provided onsite clinics and home visits, including care home visits for patients deemed to be at risk of falls.
- GPs provided services to patients resident in six care homes in the area as part of a local enhanced service agreement. A named GP carried out weekly ward rounds to review patients and their medicines. Staff told us they linked care home staff with training offered by the CCG to ensure they were up to date on care guidance appropriate to them.
- Feedback from one of the care homes was positive about the continuity of care provided by the practice and their responsive manner to requests for visits.
- The practice was responsive to the needs of older people, and offered GP and healthcare assistant home visits and urgent appointments for those with enhanced needs. Medicine reviews were carried out by the practice employed pharmacist.
- Data supplied by the practice showed 69% of eligible patients aged over 65 years were given flu vaccinations in 2015/16, compared to the local average of 74%.
- All patients aged over 75 years old had a named GP for continuity of care.
- However, nationally reported data showed that most outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were significantly below local and national averages. For example, in 2015/16 the proportion of patients with rheumatoid arthritis who had a face to face annual review in the preceding 12 months was 75%, compared to the CCG average of 93% and the

# Summary of findings

national average of 91%. The exception reporting rate was 1.9%, lower than the CCG average of 10% and the national average of 8%. A register was kept of patients on anti-rheumatic medicines with weekly monitoring arrangements in place.

- The practice was aware of areas where their performance needed to improve and there were plans to use the recently employed pharmacist to carry out more opportunistic reviews of patients who did not attend appointments for reviews.

## People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There were 2048 patients identified as having a long term condition and 85% of them had been invited for a health check appointment in the last 12 months.
- The practice developed an in-house asthma action plan which was completed by the patient together with their GP or nurse, and a copy given to the patient to help them manage their condition at home.
- Published data showed the proportion of patients with asthma who had a review in the preceding 12 months was 51%, compared to the CCG average of 79% and the national average of 76%. The exception reporting rate was 2%, below the local average of 11% and the national average of 8%.
- Performance for chronic kidney disease related indicators was 100% which was the same as the CCG and national average. GPs told us they had carried out joint work with the pharmacist to manage patients with acute kidney injury, including a leaflet for patients taking medicines that could affect their kidney function.
- Longer appointments and home visits were available when needed.
- For patients with the most complex needs, practice staff worked with relevant health and care professionals to deliver a multidisciplinary package of care. Regular multidisciplinary meetings were hosted by the practice. The practice worked closely with the community trust employed care coordinator.
- The practice demonstrated innovation in managing care to achieve better outcomes for their patients. For example, they secured an audible blood pressure monitor for a patient with sight problems to assist them in managing their health problems at home.

Good





# Summary of findings

## Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a child safeguarding lead and staff were aware of who they were.
- 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. The GP lead for safeguarding liaised with other health and care professionals to discuss children at risk.
- Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given to under two year olds averaged 80% against a local average of 86%. For five years olds the practice rates averaged 84% against a local average of 89%.
- Reception staff invited new mothers for their newborn checks and post-natal appointments by telephone instead of writing to them with specific appointments, in order to offer the most suitable appointments for them.
- The practice offered a range of contraception services including implants, and referrals for patients who requested for coil fittings.
- There was a wide range of information targeted at parents and young people to improve their wellbeing. For example healthy living clubs for families with children who had higher body mass index (a measure that uses height and weight to work out if someone's weight is healthy).
- Urgent appointments were available on a daily basis to accommodate children who were unwell.

Good



## 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.
- Extended opening hours appointments were offered from 7.30am every week day to accommodate working age patients.

Good



# Summary of findings

- Appointments could be made and cancelled online as well as management of repeat prescriptions. The practice offered the electronic prescribing service enabling patients to collect prescriptions from a pharmacy of their choice.
- GPs used additional skills in occupational health to offer occupational health medicals and retirement reports.
- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group. This included travel vaccinations (including yellow fever vaccinations), health checks and referrals to counselling services. Meningitis vaccines were offered to patients aged 18 years to 25 years including those attending university for the first time in the area.
- The practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 83% and below the national average of 81%.

## 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. There were 27 patients identified on the learning disabilities register in 2015/16, and 12 had attended a face to face review appointment.
- Longer appointments were available for patients with a learning disability and for those who required it with easy to read information sheets for patients eligible for screening procedures.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, joint visits were carried out with the learning disabilities specialist nurse where appropriate to ensure holistic care was provided to patients.
- GPs provided general medical services to students registered at the Royal School for the Deaf in Derby. A health care assistant at the practice had attended a sign language course in order to assist in communication.
- Feedback from the care coordinator was positive about the engagement of the practice team and liaison with district nurses and community matrons to resolve and reduce hospital attendances.
- Regular multidisciplinary meetings were hosted by the practice. In addition the practice held regular meetings to discuss

Good



# Summary of findings

patients on their palliative care register. There were 13 patients on the palliative care register. A list of patients on this register was kept on a board in the reception office to ensure staff were aware of patients with enhanced needs.

- GPs worked closely with their local Police Witness Protection Scheme to secure general medical services for named patients.
- A GP provided additional support to a transgender patient who could not access some services locally by researching into regional providers and liaising with the CCG to ensure the patient could access the required care.
- 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.

## 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).

- The practice supported patients with mental health conditions living in a low secure rehabilitation centre in the area by providing general medical services to them on site.
- Data from 2015/16 showed the number of people with a complex mental health condition that had received a comprehensive care plan in the preceding 12 months was 75%, compared to the CCG average of 94% and the national average of 89%. This was with an exception rate of 4%, which was significantly lower than the local average of 20% and the national average of 12%.
- The proportion of patients with a diagnosis of dementia who had their care reviewed in a face-to-face review in the last 12 months was 97%, compared to the local average of 85% and the national average of 84%. This was achieved with an exception reporting rate of 3%, below the local average 8% and the national average of 7%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey published in July 2016. The results showed the practice was generally performing in line with local and national averages. A total of 299 survey forms were distributed and 106 were returned. This represented a response rate of 35% (2.1% of the practice list size).

Results showed:

- 74% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 72% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.
- 83% of patients described the overall experience of this GP practice as good compared to CCG average of 87% and the national average of 85%.
- 80% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 completed comment cards which were all positive about the standard of care received. Patients highlighted the caring and helpful staff and said they were listened to during consultations. One patient told us it was sometimes difficult to get an appointment to see a GP.

We spoke with six patients during the inspection, who told us they were satisfied with the care they received and thought staff were friendly, committed and caring.

We reviewed six patient comments submitted to Healthwatch in which some patients stated the reception team were helpful and patients were given a choice of male or female GP. However, some patients said it was difficult to get through to the practice telephone at 8am to get appointments.

The results of the practice Friends and Family test taken between January and November 2016 showed 91% of respondents said they would recommend the practice to their friends and family.

# Friargate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Friargate Surgery

Friargate Surgery provides primary medical services to approximately 5000 patients through a general medical services contract (GMS). This is a locally agreed contract with NHS England.

The practice is located in purpose built premises close to the Derby city centre. It is near student residential halls. All facilities are on the ground floor including consulting and treatment rooms. The practice is located near university halls of residence and accommodates an independent pharmacy within its premises.

The level of deprivation within the practice population is below the national average with the practice falling into the fourth most deprived decile. The level of deprivation affecting older people is above the national average. The practice has higher than average numbers of patients aged between 25 and 40 years old. Numbers of young people under 18 years old is lower than local and national averages, and the number patients aged over 65 years old is in line with local and national averages.

The clinical team includes four GP partners and two long term locum GPs (three female, three male), a practice nurse and a healthcare assistant. The clinical team is supported by a practice manager and a team of reception and

administrative staff. At the time of the inspection a pharmacist had just joined the practice team. The surgery is a teaching practice for second and fifth year medical students.

The surgery is open from 8am to 6.30pm on Monday to Friday. Extended opening appointments are provided by the GPs and practice nurse from 7.30am to 8am on Monday to Friday. Telephone lines open at 8am and patients can contact the GPs on Wednesday afternoons on the telephone when the practice is closed. Consulting times vary but are usually from 8.30am.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health United and is accessed via 111.

## 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 10 October 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and administrative staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events.

- Staff informed the practice manager of any incidents and completed a form detailing the events. Copies of the forms were available on the practice's computer system. Reported events and incidents were logged and tracked until the incident was closed. The incident recording system 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). Incidents were discussed at weekly partners meetings and quarterly whole practice team educational meetings.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions taken to prevent the same thing happening again.
- There was evidence obtained through patient searches of how they had responded to alerts in checking patients' medicines and taking actions to ensure they were safe. A log was kept of medicines alerts they had received and acted on.

### Overview of safety systems and processes

Robust and well embedded systems, processes and practices were in place to help keep patients safe and safeguarded from abuse. These included:

- Effective arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local requirements and relevant legislation. Policies were accessible to all staff and identified who staff should contact if they were concerned about a patient's welfare. There was a lead member of staff for child and adult safeguarding and staff were aware of who this was. There was evidence of regular liaison through regular meetings with the practice safeguarding leads and community based staff including midwives, health visitors and school nurses to discuss children at risk.
- Staff demonstrated they understood their responsibilities around safeguarding. All clinical and non-clinical staff had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child safeguarding level 3.
- Patients were advised through notices in the practice and information in the patient booklet that they could request a chaperone if required. All staff who acted as chaperones had been provided with training 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).
- During our inspection we observed the practice to be clean and tidy and this aligned with the views of patients. A practice nurse was the lead for infection control within the practice. There were mechanisms in place to maintain high standards of cleanliness and hygiene. Effective cleaning schedules were in place which detailed cleaning to be undertaken daily and weekly for all areas of the practice. There were infection control protocols and policies in place and staff had received up to date training. Infection control audits were undertaken on a regular basis and improvements were made where required.
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The healthcare assistant had devised a leaflet for the reception team on how to manage repeat prescription requests following a training event to ensure the appropriate guidance was followed and errors were minimised. Action was taken when updates to medicines were recommended by the Medicines and Healthcare Products Regulatory Agency (MHRA) and patients were recalled to review their medicines when appropriate.
- There were arrangements for managing medicines, including emergency medicines and vaccines in the practice to keep 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. There were no controlled drugs kept by the practice. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been

## Are services safe?

adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against patient specific prescriptions or directions from a prescriber.

- We reviewed four personnel files for clinical and non-clinical staff 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

Most risks to patients were assessed and managed.

- There were procedures in place to manage and monitor risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that appropriate action was to act upon any identified risks to ensure these were mitigated.
- Arrangements were in place to plan and monitor staffing levels and the 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. There were effective arrangements in place to

ensure there was adequate GP and nursing cover. The practice regularly reviewed historic appointment demand and took account of summer and winter pressures when planning minimum staffing requirements.

### Arrangements to deal with emergencies and major incidents

The practice had 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. There were panic buttons in each consulting room with a central connection to the Police monitoring station in the event of an acute situation.
- Staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with children's and adult masks. A first aid kit and accident book were available.
- Emergency medicines were accessible to staff and all staff knew of their location. Emergency medicines held in the practice checked on the day of the inspection were in date.
- 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 a copy was kept off the practice site.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Relevant updates to these were discussed at weekly clinical meetings and quarterly educational meetings.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines.
- The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records. The newly appointed pharmacist was responsible for medicines optimisation through running reports on medicines on repeat prescription which had not been ordered for twelve months. GPs would then review with the patient whether they needed the medicine.

### 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). At the time of the inspection, the 2015/16 QOF results had not yet been published; therefore discussions reflected on 2014/15 published data. The most recently published results for 2015/16 showed the practice had achieved 76% of the total number of points available, compared to the clinical commissioning group (CCG) average of 97% and the national average of 95%. This was lower than the 2014/15 achievement of 83%, compared to the CCG average of 97% and the national average of 95%.

The exception reporting rate was 6%, lower than the CCG average of 12% and national average of 10%. 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. During the inspection we looked at the rate of exception reporting and found it to be in line with agreed guidance.

This practice performed significantly lower than CCG and national averages for asthma, cancer, chronic obstructive pulmonary disease, depression, diabetes mellitus and mental health. Data from 2015/16 showed:

- Performance for diabetes related indicators was 56%, compared to the CCG average of 93% and the national average of 90%. The proportion of patients with diabetes who had a foot examination in the preceding 12 months was 74%, compared to the CCG average of 89% and the national average of 88%. The exception reporting rate was 13%, compared to the CCG average of 10% and national average of 8%.
- Performance for indicators related to hypertension was 88%, compared to the CCG average of 99% and the national average of 97%. The exception reporting rate for hypertension related indicators was 2.9%, compared to the CCG and national averages of 4%.
- Performance for mental health related indicators was 59%, compared to the CCG average of 97% and the national average of 93%. The proportion of patients with complex mental health problems who had a record of blood pressure in the preceding 12 months was 52%, compared to the CCG average of 91% and national average of 90%. The exception reporting rate was 1.2%, compared to the CCG average of 14% and the national average of 9%.

The practice team discussed their QOF performance at a team meeting which analysed disease areas where they could improve their performance with action points agreed. The newly employed pharmacist worked closely with the appointed QOF lead to improve areas identified as challenging, for example, managing patients with respiratory problems. The practice had signed up to an initiative starting in January 2017 whereby specialist community asthma nurses worked alongside practice nurses to provide joint patient consultations for those at greatest need, for example, patients discharged from hospital following respiratory crisis. These patients would be offered follow-up in the community within 48 hours of discharge.

# Are services effective?

(for example, treatment is effective)

Effective arrangements were in place to ensure patients were recalled for reviews of their long term conditions and medication. Patients were recalled at least three times for their reviews using a variety of contact methods including letters, telephone calls and messages on prescriptions. The variety of contact methods reduced the risk of patients not receiving a reminder.

There was evidence of quality improvement including clinical audit.

- There had been eight audits undertaken in the last 12 months as part of a programme of audits routinely undertaken in the practice. These covered areas relevant to the practice's needs and areas for development such as minor surgery, epilepsy, depression and palliative care. However, the practice acknowledged they needed to carry out more audit cycles to monitor improvements.
- We reviewed several clinical audits where the improvements made had been implemented and monitored. For example the practice had undertaken an audit in 2014 of patients with Alzheimer's dementia who were on medicines initiated by consultants and referred to the GP for follow up. The aim of the audit was ensure the practice was following shared care guidance and making appropriate follow up arrangements. The first audit identified 16 patients who were given the medicines and had been correctly coded and offered annual reviews. However, seven of these patients required further follow up. A repeat of the audit in 2016 showed improvements with all seven patients having been reviewed with their outcomes recorded.
- The practice liaised with CCG medicines management colleagues regularly to review their prescribing. However, they acknowledged there had been changes to their prescribing support from the CCG and they had not undertaken medicines audits with pharmacist support in the recent months. GPs anticipated the recent recruitment of a pharmacist by the practice would solve the gap in their medicines audits.

GPs analysed their referrals to secondary care and used it as an opportunity to identify learning needs. For example, one of the GPs completed a course in the management of dermatology problems caused by sun damage, enabling the practice to provide treatment for patients from the surgery.

## Effective staffing

We saw that staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had comprehensive, role specific, induction programmes for newly appointed clinical and non-clinical staff. These covered areas such health and safety, IT, fire safety, infection control and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff were encouraged and supported to develop in their roles to support the practice and to meet the needs of their patients.
- 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 nursing forum meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to training to meet their learning needs and to cover the scope of their work. This included ongoing support, meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

## Coordinating patient care and information sharing

Information needed to plan and deliver care was available to 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.

The practice had a system linking them to the hospitals so that they were able view test results completed in hospital

# Are services effective?

(for example, treatment is effective)

instead of waiting to receive discharge letters. The GP out of hours service used the same clinical system as the practice therefore sharing patient information occurred seamlessly.

GPs had a buddy system for review of test results which ensured that results were viewed and acted upon on the day of receipt, and patients were informed in a timely manner if the initiating GP was away from the practice.

There was a strong emphasis on multidisciplinary working within the practice. Multidisciplinary meetings with other health and social care professionals held on a monthly basis and these included palliative care meetings to discuss patients coming to the end of their life.

## 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 their capacity to consent in line with relevant guidance.
- Where a patient's capacity to consent to care or treatment was unclear clinical staff undertook assessments of mental capacity.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 76%, which was slightly below the CCG average of 83% and above the national average of 81%. Reminders were offered for patients who did not attend for their cervical screening test. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and screening rates were slightly below local and national averages. For example, the practice uptake rate for breast cancer screening within six months of invitation was 71% compared with the CCG average of 77% and the national average of 73%.

Childhood immunisation rates for the vaccinations given were slightly lower than CCG averages. For example, childhood immunisation rates (2015/16) for the vaccinations given to under two year olds averaged 80% against a local average of 86%. For five years olds the practice rates averaged 84% against a local average of 89%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75 years old. 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 during the inspection that members of staff were polite, friendly and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Curtains were provided in consulting rooms to maintain dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception layout was optimised to ensure confidentiality to those patients at the reception desk, in addition to which, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received 18 completed comments cards as part of our inspection. All of the comment cards were positive about the service provided by the practice. Patients said that staff were caring, compassionate and helpful. Patients also said they felt listened to by staff and they were treated with dignity and respect. We spoke with six patients who told us they were generally happy with the care provided by the practice and said their dignity and privacy was respected. Other positive examples of how staff treated people included:

- A GP convened a multi-disciplinary meeting to support an elderly man who was not a registered patient, who cared for his wife who had complex health needs. This resulted in a number of agencies working together to provide a joint package of care for the family.
- The practice held a memorial tea and coffee session for all patients and staff following the sudden death of a long serving GP partner, and provided bereavement support to their patients and staff. They received positive feedback from patients and held a similar event when a practice nurse was retiring to give patients the opportunity to say goodbye.

- A GP provided additional support to a transgender patient who could not access some services locally by researching into regional providers and liaising with the CCG to ensure the patient could access the required care.

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 80% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.

The practice was broadly in line with local and national averages for its satisfaction scores on consultations with nurses. For example:

- 90% of patients said the last nurse they saw or spoke to was good at giving them enough time compared to the CCG average of 93% and the national average of 92%.
- 91% 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%.

Satisfaction scores for interactions with reception staff were above local and national averages:

- 92% 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

Feedback from patients demonstrated that they felt involved in decision making about the care and treatment they received. Patients told us they felt listened to, made to

## Are services caring?

feel at ease and well supported by staff. They also told us they were given time during consultations to make informed decisions about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We saw evidence that care plans were personalised to account for the individual needs and wishes of patients.

Results from the national GP patient survey showed the majority of patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 81% of patients said the last nurse they saw or spoke to 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. Although patients within the practice population mostly spoke English, the practice used translation services to ensure effective communication with other patients when required.

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

There were information leaflets and notices 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 had caring responsibilities. The practice had identified 55 patients as carers which was equivalent to 1.1% of the practice list. The practice worked with their care coordinator to signpost carers to support services and offered a carers information pack.

Patients who were socially isolated were referred to 'befriending clubs' through the care coordinator where they were encouraged to interact and participate in social events.

Staff told us that if families had experienced bereavement, they were contacted by the practice by a telephone call or a visit if appropriate, and also sent a sympathy card. Information about support available to patients who had experienced bereavement was provided where required.

# 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 worked to ensure its services were accessible to different population groups. For example:

- The practice offered a range of appointments which included telephone appointments, and pre-bookable appointments. There were no closures at lunch time, allowing patients to access the practice all day.
- There were longer appointments available for patients with a learning disability and those who needed them.
- 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.
- Appointments could be booked online and prescriptions reordered. Patients were encouraged to use the online appointments system for their convenience.
- The practice responded to the needs of a patient with sight problems who had diabetes by securing an NHS funded audible blood pressure monitor to assist them in managing their condition.
- Phlebotomy clinics were provided on Wednesday and Friday mornings to accommodate working age patients.
- The practice produced a seasonal newsletter to ensure health promotion information, changes to the team and to clinics was effectively communicated to patients in addition to the website.
- British Sign Language counsellors ran occasional clinics from the surgery for patients with hearing difficulties. A hearing loop was available in the premises.
- Leaflets were available in large print to ensure information was accessible to patients with visual impairment.
- There were weekly citizens advice sessions offered in-house to support patients with free advice and information on civil matters. Other services offered in house included weekly physiotherapy clinics, drug and alcohol services clinics, clinics led by a consultant in medicine for the elderly and minor surgery procedures.
- There were themed display boards in the waiting room providing information to patients in easy to read formats. Themes included prescriptions, children and families, Alzheimer's awareness and alcohol support.
- GPs provided medical services to patients admitted onto to a local hospital wards for delayed discharge and rehabilitation, with visits made daily including weekend cover.

### Access to the service

The surgery was open from 8am to 6.30pm on Monday to Friday. Extended opening appointments were provided by the GPs and practice nurse from 7.30am to 8am on Monday to Friday. Telephone lines opened at 8am and patients could contact the GPs on Wednesday afternoons on the telephone when the practice was closed. The practice operated a GP triage system where patients who needed an appointment were offered a telephone call from a GP to determine if they needed to be seen on the day or if their problems could be dealt with over the telephone. Consulting times started from 7.30am with the latest appointment offered at 6pm. The majority of appointments were available on the day, with pre-bookable slots available for the next day and up to seven days for GPs. Nurse appointments could be booked up to three months in advance. Urgent triage with the GPs was available if there were no appointment slots available on the day. Telephone appointments were available if requested and telephone advice was offered each day. Online appointments could be booked up to ten days in advance.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment were broadly in line with local and national averages.

- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 72% and the national average of 73%.
- 72% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group average of 77% and the national average of 76%.

# Are services responsive to people's needs?

(for example, to feedback?)

The comment cards we received and the patients told us the levels of satisfaction with access to the practice were good. Patients told us they were usually able to get appointments when they required them and that urgent appointments were available if needed. Patients were encouraged to book or cancel their appointments online.

The practice carried out its own patient survey earlier in the year and an action plan had been developed to address concerns raised by patients. For example, the practice planned to publicise the availability of each GP so that patients who wished to see a named GP would know when they were available.

## Listening and learning from concerns and complaints

The practice systems in place to handle 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 including posters.
- Staff we spoke with were aware of the complaints procedures within the practice and told us they would direct patients to practice manager if required.

The practice had logged six formal complaints lodged in the last 12 months including verbal complaints. We reviewed a range of complaints, and found they were dealt with in a timely manner in accordance with the practice's policy on handling complaints. The practice provided people making complaints with explanations and apologies where appropriate as well as informing them about learning identified as a result of the complaint. The practice met with complainants where this was required to resolve complaints and welcomed the support of independent advocates at these meetings.

Meetings were held regularly during which complaints were reviewed. This enabled the practice to identify any themes or trends and all relevant staff were encouraged to attend. Lessons learned from complaints and concerns and from trend analysis were used to improve the quality of care staff were informed of outcomes.

# 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 provide patients with high quality patient care in a friendly environment. Their aims were to provide high quality, safe and professional primary health care to their patients.
- Staff were engaged with the aims and values of the practice to deliver high quality, accessible patient care. The partners held weekly partner meetings and quarterly educational meetings with all staff where the business plan was discussed with all staff.

The practice acknowledged the challenges they faced in delivering their vision and had a business plan to ensure it had the capacity to meet future demand as well as increase the range of care provided by the clinical team. This included the recruitment of a GP partner and obtaining training practice status to enable them to undertake the training of doctors who wanted to become GPs. GPs and the management team had attended meetings to discuss collaborative working within the CCG.

### 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. Clinical and non-clinical staff had lead roles in a range of areas such as health and safety, prescribing, human resources and IT.
- Practice specific policies were implemented and were available to all staff. Policies were available electronically or as hard copies and staff knew how to access these.
- A comprehensive understanding of the performance of the practice was maintained. For example, there were meetings to review the areas where performance needed to improve on QOF with actions identified for the different staffing groups to improve performance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements in place to identify record and manage risks within the practice and to ensure that mitigating actions were implemented. There was a health and safety lead within the practice responsible for health and safety issues.
- Weekly partner meetings ensured that partners retained oversight of governance arrangements within the practice and achieved a balance between the clinical and business aspects involved with running the practice.

### Leadership and culture

The partners and management within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical and non-clinical staff had a wide range of skills and experience. Staff told us they prioritised safe, high quality and compassionate care. Staff told us the partners and management were approachable and always took the time to listen to all members of staff.

- Regular meetings were held within the practice for all staffing groups. In addition to the partnership/management meetings, there was a rolling programme of meetings including reception team meetings and wider staff meetings which involved all staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management within the practice. Staff felt involved in discussions about how to run and develop the practice and the partners encouraged staff to identify opportunities to improve the service delivered by the practice.

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). 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 support, information and apologies where appropriate.



# Are services well-led?

Good 

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

- The practice kept records of verbal interactions as well as written correspondence.

## **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 a suggestion box, surveys and compliments, concerns and complaints received. Results from the surveys were discussed at the practice educational meetings and some changes had been made within the practice in response to patient feedback. For example, the practice now offered morning extended hours appointments to meet the needs to working patients and opened at lunch time to ensure patients could access the surgery throughout the day.
- The practice did not have a patient participation group (PPG) in place at the time of the inspection, although there had been one in the past including a virtual group. There were plans to set up the group from January 2017, led by a patient whom we spoke to during the inspection who had been with the practice for many years. Information on how to join the group was available on the practice website and included in the practice newsletter.
- The practice had gathered feedback from staff through meetings, appraisals, staff surveys, and general discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. On the day of the inspection, staff shared feedback from a medical student who had trained at the practice about how resilient and supportive the team were when faced with challenges such as the death of a long serving GP partner and an incident involving a gas explosion that had occurred near the practice.