

# Dr Cakebread and Partners

## Quality Report

Robert Lucas Drive  
Shefford  
Central Bedfordshire  
SG17 5FS

Tel: 01462 818620

Website: [www.sheffordhealthcentre.gpsurgery.net](http://www.sheffordhealthcentre.gpsurgery.net)

Date of inspection visit: 16 February 2016

Date of publication: 20/06/2016

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10
Areas for improvement	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr Cakebread and Partners	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Cakebread and Partners on 16 February 2016. Overall the practice is rated as good.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care. Urgent appointments were available the same day and there was an extended hours service. Appointments could be booked over the telephone or online.
- Patients were also offered telephone consultation appointments.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Information about services and how to complain was available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas that the provider should make improvement are:

- Ensure that a robust and continuous process of appraisals is in place and that appraisals for all staff are carried out annually.
- Ensure process is implemented to identify and support carers

**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.

Good



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Appropriate recruitment checks were undertaken for all staff.
- Emergency medicines and oxygen were available.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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 staff.
- Staff worked with multidisciplinary teams 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 patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality. The practice had only identified 1% of its patient list as carers.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had not demonstrated how more carers would be identified other than those registering as a new patient.

## Are services well-led?

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

Good



- 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 this.
- 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.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Patients were encouraged to be involved with their care to achieve the best outcomes for themselves and their families.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The practice had started to engage with this patient group to look at further options to improve services for them.
- The practice matron carried out reviews in the patients' homes for those unable to attend the practice.

The practice supported three local nursing homes; each had a dedicated GP who undertook weekly ward rounds and additional visits as required.

### People with long term conditions

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

Good



Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

- Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months was 72% where the national average was 77%
- 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.
- Patients with multiple conditions are offered integrated care appointments to save multiple visits.

# Summary of findings

- The practice provided an anticoagulation clinic, to prevent frequent attendance at the local hospital for patients requiring regular monitoring.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, 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.
- 71% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months this was comparable to the CCG average of 76% and the national average of 75%.
- 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.
- The uptake for cervical screening was 83% the comparable to the CCG average of 83% and the national average of 84%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were always given an appointment on the same day for emergencies.
- We saw positive examples of joint working with community teams including midwives. Also health visitors and school nurses were based within the building.
- The practice used social media to encourage young people to engage with services.

## 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).

Good



- 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 to book appointments or order repeat prescriptions, as well as a full range of health promotion and screening that reflected the needs of this age group.

# Summary of findings

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients and their carers 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.
- Translation services and a hearing loop were available.
- Whilst the practice held a register for carers, this was considered to be low; 1% of the practice population

Requires improvement



## 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).

Performance for mental health indicators were in line with national averages

- 77% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is below the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 70% below the national average of 88%
- The practice carried out advance care planning for patients with dementia.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. 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.

Good





# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia and were able to refer patients to a counsellor based in the building and advise regarding support groups and voluntary organisations.
- Staff had received training on how to care for people with mental health needs.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 260 survey forms distributed and 118 were returned. This was a response rate of 45% and represented 1% of the practice's patient list.

- 71% found it easy to get through to this surgery by phone compared the national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried comparable to the national average of 76%.
- 98% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 76%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were positive about the standard of care received. Three cards also contained comments regarding some difficulty in booking an appointment. Patients described the service as very good and excellent and said the staff were caring, friendly and supportive. Several patients praised the ease of use of on line services. Both the clinical and administrative staff groups received praise and positive comments.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. They were complimentary about the staff and said they could usually book an appointment when they needed one.

## Areas for improvement

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

The areas that the provider should make improvement are:

- Ensure that a robust and continuous process of appraisals is in place and that appraisals for all staff are carried out annually.
- Ensure process is implemented to identify and support carers

# Dr Cakebread and Partners

## 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 advisor and a practice manager specialist advisor.

## Background to Dr Cakebread and Partners

Dr Cakebread and Partners provide a range of primary care services from a location at Shefford Health Centre, Robert Lucas Drive, Hitchin Road, Shefford, Bedfordshire. This is a purpose built premises, leased from NHS Property Services with access for the disabled and a large car park in front of the building. The practice is arranged over two floors with consulting rooms on both floors. There is a large waiting area shared with other community health services and all floors are accessible by lift and stairs. The premises has good disabled facilities throughout.

The practice population is pre-dominantly white British with an average number of male and female patients across most age ranges and slightly higher than average number of male and female patients aged 40 to 54 years. National data indicates the area is one of low deprivation. The practice has approximately 17100 patients and services are provided under a General Medical Services (GMS) Contract.

The clinical staff team consists of five male GP partners, three female GP partners and a female salaried GP. In addition, there is a practice matron, two nurse

practitioners, three practice nurses, two health care assistants (HCAs) and a phlebotomist. The clinical team is supported by a managing partner, a practice manager and a team of administration staff.

The practice is open between 8am and 6.30pm. Appointments are available Monday to Friday between 8am and 12.30pm and 2pm until 6pm. The practice offers extended hours appointments Monday to Thursdays from 7am to 8am and from 6.30pm to 7.30pm. These appointments are usually face to face appointments but telephone consultations are also available if needed. When the practice is closed out-of-hours services are provided by M-Doc for patients requiring a GP.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before 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 16 February 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff GP partners, nurses, the business partner, practice manager and a range of administrative staff. We also 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

- There was an effective system in place for reporting and recording significant events. Reception and administrative staff told us they would inform the practice manager of any incidents who would discuss the event with them and complete a recording form available on the practice's computer system. GPs and nurses completed the recording form themselves and informed the practice manager. Any new events identified were investigated and discussed at the practice and clinical meetings. Any lessons learnt were then shared with the relevant staff. For example, an out of date form had been used for a patient's blood test. All forms were checked to review dates and following a review of the process, electronic forms were introduced.
- When there were unintended or unexpected safety incidents, patients were offered a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that information and lessons were shared to make sure action was taken to improve safety in the practice.

### 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to an appropriate level to manage safeguarding concerns.
- 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 check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- 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 had been taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines. Prescription pads were securely stored and there were systems in place to monitor their use. The practice matron was qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the GPs for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations after specific training and when a doctor or nurse were on the premises.
- We reviewed four 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.

## Are services safe?

- 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.

### 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 manager's 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).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. We saw evidence of the rota held by the practice manager which demonstrated sufficient cover on a rolling two week basis and allowed for holiday and emergency cover for both clinical and administrative staff.

### 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. When incidents had occurred the practice had reviewed what had happened and shared the information and learning with all staff.
- 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.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. We saw evidence that the practice had undertaken a buildings risk assessment and all actions from that had been completed. The plan included emergency contact numbers for staff and copies were kept 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice 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 showed the practice had achieved 91% of the total number of points available, with 7% exception reporting. (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 2014/2015 showed;

Performance for diabetes related indicators was comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 72% where the national average was 77%.

- The percentage of patients with hypertension having regular blood pressure tests was 81%, comparable to the national average of 84%.
- Performance for mental health related indicators was 91%, comparable to the CCG average of 94% and the national average of 93%

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit to identify patients at risk of developing diabetes. The practice set up a specific clinic to offer support and lifestyle changes.

### 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. It 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 practice had a nominated GP who had specific, overall, responsibility for patients with learning disabilities; this gave patients within this group continuity of care.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- Appraisals had been carried out for all nursing staff within the last 12 months. The administrative team consisted of 22 full and part time staff, 17 had not had an appraisal within the last 12 months; however staff told us that they always had an opportunity to discuss any learning or development needs at any time with



# Are services effective?

## (for example, treatment is effective)

their line manager. We observed that the practice management team were supportive and approachable. Following the inspection, the practice provided documentary evidence demonstrating a programme of appraisals to be completed over the next few months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Protected learning time was in place every two months for all staff and all staff were given time to complete mandatory on line training.
- Five members of the nursing staff had undertaken training for dealing with minor injuries.

### 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. Several community services were based within the building and we observed staff working together to ensure good patient outcomes. The practice attended three local care homes and had a specific GP who carried out weekly ward rounds. The lead GP attended monthly locality CCG meetings.

### 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.
- The process for seeking consent was monitored through records audits.
- Consent was recorded and scanned into the patient record.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients could be referred, where appropriate to a counsellor based in the building
- A dietician and smoking cessation advice was available on the premises.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 84%. 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 using information in different languages and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 98% and five year olds from 92% to 98%.

Patients had access to appropriate health assessments and checks and letters were sent to patients inviting them to attend. These included health checks for new patients and



## Are services effective?

(for example, treatment is effective)

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

The practice offered antenatal and child immunisation clinics three times a week and chlamydia screening.

Chlamydia screening was offered opportunistically to patients in the appropriate age group for testing when they attended for appointments and 'self test' kits were available which are visible on the reception desk for patients to pick up.

# 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.

The 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Three cards mentioned occasional difficulties in getting appointments however patients that we spoke to on the day told us that they were able to get an appointment.

We spoke with a member of the patient participation group. We were told that they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% said the GP was good at listening to them compared to the CCG average of 82% and national average of 89%.
- 86% said the GP gave them enough time (CCG average 86%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 86% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).

- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 90%).
- 96% said they found the receptionists at the practice helpful (CCG average 88%, national average 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 had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

The practice encouraged older patients to have a voice in their own care achieving results that are right for them and their families. All older patients had a named GP. Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 164 carers which represented 1% of the practice list. The practice registration form offered carers the opportunity to give their details, however there was no other process in place for

## Are services caring?

identifying carers other than this. There was an information folder available in the reception area with details of local help and support available to carers. The practice supported a local carers group by providing a meeting room for the monthly meeting for carers

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice 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 Monday to Thursdays from 7am to 8am and from 6.30pm to 7.30pm. These appointments can be booked for 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 would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities including a wheelchair accessible area in reception. Also, a hearing loop and translation services were available.
- Patients with learning disabilities were offered a yearly health check and extended appointments.
- Patients with multiple long term health conditions were offered integrated care appointments to review all their conditions and to avoid multiple visits. Reception staff had clear guidelines on how long appointment times should be.
- The practice offered an anticoagulation service for patients to have blood tests to monitor their medication dosage rather than attending hospital clinics.
- Older patients were invited to attend reviews, for example, diabetes, blood pressure monitoring and dementia screening that could be carried out during routine appointments. Patients were given an appointment slip to take to reception that identified the type of appointment, who it would be with and how long the appointment would be for.

- The practice matron carried out home visits for patients unable to attend the practice. During these visits medication reviews, blood pressure monitoring, blood tests and diabetic reviews could be carried out.
- Three local nursing homes benefitted from a weekly ward round by a dedicated GP. Additional visits were carried out if patients became unwell.
- Repeat medication could be ordered online if required and the practice would forward prescriptions to a nominated pharmacy if requested by patients.
- The practice did not have any homeless people or travellers on the patient list however we were told that should this situation change, there were processes in place that would support these groups to be registered at the practice and be sign posted to community services for support.
- The practice could not demonstrate how it would actively identify patients who were also carers other than when registering as a new patient.

### Access to the service

The practice was open between 8am and 6.30pm. Appointments were available Monday to Friday between 8am and 12.30 pm and 2pm until 6pm. The practice offered extended hours appointments Monday to Thursdays from 7am to 8am and from 6.30pm to 7.30pm. Fifty percent of appointments were bookable up to four weeks in advance and 50% were bookable on the day. Urgent appointments were also available for people that needed them. All appointments could be booked in person, over the phone or on line with the exception of nurse appointments which could only be booked by telephone or in person; these appointments varied in length depending on the treatment required. M-Doc provided a service for patients requiring a GP out of normal hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were either above or comparable to local and national averages.

- 91% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 71% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).

# Are services responsive to people's needs?

(for example, to feedback?)

- 72% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them.

## **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.
- The managing partner was the designated responsible person who handled all complaints in the practice and staff were aware of this

- We saw that information was available to help patients understand the complaints system, for example, there were posters and leaflets available in reception and in the practice information pack and website.

We looked at 11 complaints received in the last 12 months and found that all complaints were recorded, discussed and dealt with in a timely manner with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained about a clinic appointment and an investigation was carried out and discussed at a team meeting. It was agreed that an appropriate clinician would sit in on the clinics to observe and recommended changes. The protocols and training were then reviewed.

# 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 robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The management team were working on succession planning for the future to avoid problems when partners wanted to retire.

### 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.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They 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.

The practice had a comprehensive meeting schedule which included; partner meetings in the evenings every six weeks and shorter meeting every three weeks at lunchtime, these are business meetings were attended by the GP's, managing partner and practice manager. The clinical staff, GP's, practice nurses and HCA's held a clinical meeting every week at lunchtime. These meetings were an opportunity to discuss significant events, safeguarding updates, and was an opportunity for external clinicians to give presentations to the team. Community staff including district nurses, health visitors, community matrons and Macmillan nurses were also invited to meetings.

The practice staff met every quarter, the agenda was prepared by the practice manager but all staff were encouraged to contribute to it in advance. Staff told us that an open discussion was held at the end of every meeting. The practice nursing team held regular meetings with the GP with responsibility for this team and a general team leader meeting was held weekly.

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and managers in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- There was a practice manager and a managing partner who provided good leadership for the team and support for each other.

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

# Are services well-led?

Good 

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

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. This was gathered from surveys and complaints and the practice also used social media for patients to be able to comment.

The practice had an active, virtual patient participation group (PPG) and updates were sent out by email. The group worked with the practice and took part in diabetes and flu vaccination events. The group had representation on the local PPG and feedback was provided to the practice PPG on a variety of subjects such as falls prevention and local health contracts. The group also worked with the practice on surveys, for example, a telephone survey was undertaken to establish the views of the patients and as a result access was improved by increasing the number of staff answering the telephone and booking online

appointments was better promoted. A transport survey was undertaken when a local bus service to the practice was withdrawn. The practice carried out a survey to check how patients would travel to the practice in future. It was found that patients were able to use public transport and there would be little impact on the patients of the practice.

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

## **Continuous improvement**

There was a strong 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.