

# The Gateway Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Requires improvement



Are services safe?

Good



Are services effective?

Good



Are services caring?

Requires improvement



Are services responsive to people's needs?

Requires improvement



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Gateway Medical Practice on the 20 October 2015. During the inspection we gathered information from a variety of sources. For example, we spoke with patients, interviewed staff of all levels and checked that the right systems and processes were in place.

Overall the practice is rated as requires improvement. Specifically, we found the practice to require improvement for providing caring and responsive services. It was good for providing safe, effective and well-led services.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patient's needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients.
- 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.
- Staff had received training appropriate to their roles and any further training needs had been identified and training planned.
- The practice had responded to low scores in the National Patient survey, in order to improve services.

# Summary of findings

- The practice had a clear vision which had quality and safety as its top priority. A business plan was available, which was monitored and regularly reviewed and discussed with all staff.

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

The provider should:

- Ensure that all staff that do not have a disclosure and barring service (DBS) check in place are appropriately risk assessed, in order to ensure patient safety.
- Review processes for checking that prescription pads and confidential patient records are stored securely in line with the practices policies on safe prescription storage and confidentiality.

**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. However, there were areas where it should make improvements. For example, administrative staff had not received a disclosure and barring service (DBS) check and appropriate risk assessments had not been completed to show why a DBS check was deemed unnecessary. Unattended rooms were not always locked and contained confidential records of patients, as well as prescriptions which were left in the printer.

Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were below average for the locality, however the practice had recognised this and were taking action to address issues highlighted. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training had been planned. There was evidence of an appraisal system for all staff. Staff worked with multidisciplinary teams. Staff worked with other health care teams and there were systems in place to ensure appropriate information was shared.

Good



### Are services caring?

The practice is rated requires improvement for providing caring services. Feedback from patients about their care and treatment was not consistently positive in relation to the care and treatment they received.

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

Requires improvement



# Summary of findings

Patient Survey July 2015 showed that patients rated the practice lower than others for several aspects of care, compared to local and national averages. The practice was undertaking audits and surveys through their patient participation group in order to address this.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. Feedback from patients about their care and treatment was not consistently positive in relation to accessing appointments.

It reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. Services were planned and delivered to take into account the needs of different patient groups. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

**Requires improvement**



## Are services well-led?

The practice is rated good for being well-led. It had a clear vision and strategy. Governance arrangements were underpinned by a clear leadership structure and staff felt supported by management. Staff were aware of and understood the practice's policies and procedures which governed activity. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on and had an active patient participation group. Staff had received inductions, regular performance reviews and attended staff meetings and events. The practice was aware of future challenges.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as requires improvement for the care of older people, as there are areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Care and treatment of older people reflected current evidence based practice. Risks to patients who used services were assessed in order to ensure patients were kept safe. Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services. For example, dementia and end of life care.

**Requires improvement**



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions, as there are areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

Treatment plans were monitored and kept under review by a multi-disciplinary team. The practice was responsive in prioritising urgent care that patients required and the practice was well-led in relation to improving outcomes for patients with long-term conditions and complex needs. There were emergency processes and referrals made for patients in this group who had had a sudden deterioration in health. When needed, longer appointments and home visits were available. All of these patients had structured annual reviews to check their health and medicine needs were being met.

**Requires improvement**



### Families, children and young people

The practice is rated as requires improvement for the care of families, children and young people, as there are areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

**Requires improvement**



# Summary of findings

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. There were emergency processes and referrals made for children and pregnant women who had had a sudden deterioration in health.

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

The practice is rated as requires improvement for the care of working age people (including those recently retired and students) as there were areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

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 help ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening which reflected the needs for this patient population group.

**Requires improvement**



## **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, as there are areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice held a register of patients living in vulnerable circumstances and those with learning disabilities. The practice carried out annual health checks and offered longer appointments if required, for people with dementia. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in and out of hours.

**Requires improvement**



# Summary of findings

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia), as there are areas where improvements should be made. The provider was rated as requires improvement for providing caring and responsive services. The concerns which led to these ratings apply to everyone using the practice, including this population group.

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health. Minutes of meetings held showed the frequency of meetings, which patients' were discussed and what changes to care and treatment had occurred as a result of these discussions. The practice had sign-posted patients experiencing poor mental health to various support groups and charitable organisations.

**Requires improvement**





# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2015 (data collected during July-September 2014 and January-March 2015), showed the practice was performing below the local and national averages. 303 survey forms were distributed and 112 were returned (which equates to 1.5% of the practice's patient list).

- 32% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 62% found the receptionists at this surgery helpful (CCG average 84, national average 87%).
- 64% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 80% said the last appointment they got was convenient (CCG average 92%, national average 92%).
- 31% described their experience of making an appointment as good (CCG average 70%, national average 73%).

- 43% usually waited 15 minutes or less after their appointment time to be seen (CCG average 62%, national average 65%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were generally positive about the standard of care received. However, all of the patients raised an issue with not being able to easily book appointments by telephone.

We spoke with six patients and three members of the patient participation group (also patients at the practice) during the inspection. All six patients said that they were happy with the care they received and thought that staff were approachable, committed and caring. Eight of the nine patients we spoke with raised concerns about the difficulty they had in accessing appointments by telephone. The practice was undertaking audits and surveys through their patient participation group in order to address this.

## Areas for improvement

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

- Ensure that all staff that do not have a disclosure and barring service (DBS) check in place are appropriately risk assessed, in order to ensure patient safety.
- Review processes for checking that prescription pads and confidential patient records are stored securely in line with the practices policies on safe prescription storage and confidentiality.

# The Gateway Medical Practice

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

## Background to The Gateway Medical Practice

The Gateway Medical Practice provides primary medical services Monday to Friday from 8am to 6:30pm, with extended opening hours on Thursday mornings and Tuesday evenings, for patients in Northfleet, Kent and the surrounding areas. The practice provides a service for approximately 7200 patients in the locality.

Patients requiring a GP outside of normal working hours are advised to contact the GP Out of Hours service provided by Integrated Care 24 (known as IC 24).

Routine health care and clinical services are offered at the practice, led and provided by the GPs and the nursing team. There are a range of patient population groups that use the practice.

The practice has two partner GPs (one male and one female) and one salaried GP (female). The GPs are supported by a practice manager, a nursing team of one female advanced nurse practitioner, one female registered

nurse and one female health care assistant, a female clinical pharmacist and an administrative team. The practice has a physiotherapist service based at the practice which is available for both NHS and private referrals.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example; extended hours.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 on 14 October 2014 as part of our regulatory functions. We had some concerns about the safety of medicine management at the practice, staff receiving regular training and the appropriate induction of staff. There was also a need to implement a robust, formal system to monitor the quality of care, treatment and support patients receive, which included infection control monitoring, audit programmes and acting on feedback from patients and staff. As part of this visit, we checked on whether action had been taken to deal with the breaches of regulations. During this visit, we found that appropriate action had been taken to address the breaches identified on 14 October 2014 and the practice was no longer in breach of the regulations.

Services are delivered from;

The Gateway Medical Practice, Fleet Health Centre, Vale Road, Northfleet, Gravesend, Kent, DA11 8BA

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned

# Detailed findings

inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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, such as the local Healthwatch, clinical commissioning group and NHS England to share what they knew.

We carried out an announced visit on 20 October 2015. During our visit we spoke with a range of staff including three GPs, one practice nurses, the healthcare assistant, five administration staff, the practice manager and three members of the patient participation group. We spoke with six patients who used The Gateway Medical Practice and reviewed five comment cards where patients and members of the public shared their views and experiences of using the practice. We observed how telephone calls from patients were dealt with. We toured the premises and looked at policy and procedural documentation. We observed how patients were supported by the reception staff in the waiting area before they were seen by the GPs.

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

At our inspection on 14 October 2014 we found there was no monitoring or analysis of safety incidents or significant events which had occurred to identify trends and implement changes.

During this visit we found that improvements had been made. We saw records and minutes of meetings which confirmed that the practice had carried out a thorough analysis of significant events and had taken action to implement changes, where required.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, there had been a clinical incident involving a patient with a respiratory disease, the primary screening by the practice indicated the patient was clear of the disease but secondary screening showed that they were not. The practice had recognised this as a significant event and took action. The incident was investigated, discussed at a clinical meeting and a record was made of how the learning was shared amongst relevant staff.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

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 were trained to child safeguarding level 3.

A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (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).

At our inspection visit on 14 October 2014 we found that staff were able to tell us about the infection control policy and their roles with regard to infection control practices and the importance of adherence to the policy. However, the policy did not contain guidance for staff on the safe handling, segregation, transportation and disposal of clinical waste. There was no guidance with regard to environmental cleaning procedures in between patients or for body fluid spills and the correct use and disposal of personal protective equipment (PPE). The practice did not carry out any monitoring of its infection control practices and therefore could not demonstrate that infection control practices were being carried out consistently or correctly.

During this visit we found that improvements had been made. 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 had been commenced and we saw evidence that action was taken to address any improvements identified as a result. However, during the tour of the premises we found that toilet brushes had been placed in the patient toilet areas, which increased the risk of spread of infection. We spoke with the practice manager who removed these items and told us they would speak with the cleaning company responsible for cleaning the practice in relation to this.

The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of their clinical pharmacist and dedicated prescribing clerk, along with the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

We found that there were procedures to ensure that prescription pads were securely stored. However, we found a clinical room open and unattended that contained blank prescriptions in the printer and copies of Electrocardiograms (ECGs) which, was against the providers policies relating to safe prescription storage and confidentiality.

We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration with the appropriate professional body. However, not all administrative staff had received a disclosure and barring check (DBS) check, nor had they had an appropriate risk assessment completed to determine why the practice deemed a DBS check unnecessary.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also 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.

- 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.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- At our inspection visit on 14 October 2014 we found that the practice did not have an emergency and business continuity/recovery plan that detailed arrangements of how patients would continue to be supported during periods of unexpected and/or prolonged disruption to services. For example, severe bad weather that cause staff shortages, interruption to utilities, or unavailability of the premises.

During this visit we found that improvements had been made. The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to 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 and audits of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available (542 out of a possible 559 points), with 11.6% exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 93.82%, which is better than the CCG average of 91.65% and the national average of 91.43%.
- The percentage of patients with hypertension having regular blood pressure tests was 84.75%, which is better than the CCG average of 83% and the national average of 83.7%.
- Performance for mental health related indicators was 93.8%, which is better than the CCG average of 90.74% and the national average of 90.1%.
- The dementia diagnosis rate was 78.2%, which is lower than the CCG average of 82.3% and the national average of 83.9%. The practice had recognised this and had a plan to ensure that patients with dementia were diagnosed in a timely manner.

At our inspection visit on 14 October 2014 we found that the practice did not use information to audit or analyse the effectiveness of some of the treatments provided to patients. The practice had not carried out any clinical audits so that comparisons could be made against national benchmarking to achieve improved outcomes for patients.

During this visit we found that improvements had been made. The practice had conducted a number of audits. For example, from participating in medicines audits with the CCG, through to a review of patients with chronic kidney disease who required a change of medicine prescribed. Improvements were implemented following the audits. There were further audit cycles, conducted or planned, to check whether the improvements had been sustained.

### Effective staffing

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

- At our inspection visit on 14 October 2014 we found that although there was a staff induction programme in place, this had not been implemented. We asked staff about their induction training and were told that this is time spent with an 'experienced' colleague learning the computer system. The practice could not show that staff were appropriately trained to safely work unsupervised.

During this visit we found that improvements had been made. The practice had developed a comprehensive induction programme for newly appointed members of staff, including locums, which covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The practice could show that new and locum staff were appropriately inducted.

- 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, administering vaccinations and taking samples for the cervical screening programme.
- At our inspection visit on 14 October 2014 we found that annual individual staff appraisals took place that included a self-assessment and personal development plan. However, staff told us that they found this process supportive but they had not received appraisals regularly and no individual training needs had been



# Are services effective?

## (for example, treatment is effective)

identified as a result of the process. There were no systems in place to monitor staff training to ensure it was refreshed at regular intervals to enable staff to maintain adequate skills and knowledge in particular topics.

During this visit we found that improvements had been made. The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals and clinical supervision, as well as facilitation and support for the revalidation of doctors. Some existing members of staff had received an appraisal and those who hadn't had a date set for the near future. New staff were appraised after three months of employment and again at a six month interval, if required. Records viewed confirmed this.

- Records of staff training confirmed that 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. Staff told us that training had improved

### 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 people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they

were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a three monthly basis and that care plans were routinely reviewed and updated.

### 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

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

- These included patients in need of palliative care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service, as well as support available from local support groups.

The practice's uptake for the cervical screening programme in 2014/15 was 78.6%, which was not comparable to the CCG average of 86.9% and the national average of 82.5%. The practice were making improvements to ensure that cervical smear testing rates, which had previously been low, were being addressed and the results improved for 2015/16. There were 1864 eligible patients on the practice's list, out of which 1276 had been tested, which equates to 75.37% of patients on the register. Following a review of procedures the practice had implemented a policy to conduct telephone, and send written, reminders for patients who did not attend for their cervical screening test. Where patients were excluded from the QOF register,

## Are services effective?

(for example, treatment is effective)

the practice conducted audits to ensure where disclaimers were required, or not, these were recorded and to determine whether patients were incorrectly deemed eligible.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 94.5% and five year olds from 85% to 96%. Compared to the CCG averages of 81% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the five patient CQC comment cards we received were positive about the service experienced in respect of care and treatment. Patients said they felt the practice staff were helpful, caring and treated them with dignity and respect. We also spoke with three members of the PPG on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Reception staff knew that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. Notices in the patient waiting room told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. Written information was available for carers to ensure they understood the various avenues of support available to them.

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

- 71% said the GP was good at listening to them compared to the CCG average of 86% and national average of 89%.
- 68% said the GP gave them enough time (CCG average 85%, national average 87%).
- 81% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 66% said the last GP they spoke to was good at treating them with care and concern (CCG average 81%, national average 85%).
- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 92%).
- 62% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%)

On the practices NHS Choices web page comments related to poor systems for appointment bookings, rudeness of reception staff and GPs not spending time with them. The practice had taken these results into consideration and were meeting with its patient participation group (PPG). We saw posters advertising a PPG meeting in early November and were told by the practice manager that surveys regarding these issues would be planned and implemented. Additionally, where negative feedback had been left by patients on the NHS Choices web page, the practice manager had responded by advising the patient to use the practice's complaints procedure or to arrange a meeting to discuss where improvements could be made.

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

The practice could demonstrate that they routinely involved patients with their care and treatment and their choices were respected. Patients told us that they had time to discuss their concerns or treatments when they attended for appointments and that it was possible to book a double appointment when they needed to discuss more than one concern or complex problems. However, getting an appointment was often difficult. 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 negatively to questions about their involvement in planning and making decisions about their care and treatment. Results were below local and national averages. For example:

- 69% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 68% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 81%)

## Are services caring?

QOF figures for 2015 show that the practice had achieved 100% in the categories where patients required a review and a care plan, which is discussed and agreed with patients. For example, cancer, epilepsy, learning disability and heart failure. Statistics provided by the practice confirmed this.

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**

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. There was a practice register of all people who were carers and those identified as carers were being supported. For example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.

The staff put alerts on the patient record system, that informed others when a patient had died so that they were able to respond in the most sympathetic manner. 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. For example, the practice provided space for other providers to run mental health, counselling and foot care clinics.

- The practice offered extended hours until 8pm on Tuesday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for people with a learning disability.
- Home visits were available for elderly patients.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours were offered with a GP, the advanced nurse practitioner, health care assistant and practice nurse available on Tuesday and Thursday morning (from 8am) and evening (until 8pm). Patients could book appointments up to four weeks in advance and there were urgent appointments available on the day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was considerably below local and national averages. People told us on the day that they were not always able to get appointments when they needed them.

- 47% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 32% patients said they could get through easily to the surgery by phone (CCG average 66%, national average 87%).
- 31% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).

- 43% patients said they usually waited 15 minutes or less after their appointment time (CCG average 62%, national average 65%).

At our inspection visit on 14 October 2014 we found that the practice had a procedure in place for responding to emergencies but this comprised a 30 minute slot at the end of the morning session and was used largely for patients who had received a telephone consultation at the start of the clinical session. Any appointments not allocated would be booked by the reception staff and when the appointments had gone patients were instructed to attend the nearby walk in clinic. We found no evidence to support how decisions were made about arrangements to ensure there were sufficient appointments for patients, including emergency appointments. The practice had not ensured that patients could access the practice at a time to suit them. Patients told us that they often experienced difficulty getting an appointment when they needed one, especially when booking on the day. The practice had extended opening hours on a Tuesday and earlier on a Thursday. However, these extended clinics were with the nursing staff only and there was no access to GPs outside of usual opening hours. Patients we spoke with said that in emergency or urgent situations they had experienced difficulty getting to see a GP at the practice and had been sent to the walk in clinic.

During this visit we found that improvements had been made. The practice had recognised where they scored lower than the local and national averages and were undertaking audits, surveys and actions in relation to these. For example, the practice had increased the number of appointments available, through the recruitment of a GP and nurses and a new telephone system had been implemented. Extended hours with a GP had been introduced and were available on Tuesday and Thursday morning and evening. A review had also been conducted of the National Patient Survey results and the practice management, in conjunction with feedback from the PPG, had produced a survey regarding appointment booking.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available in the

# Are services responsive to people's needs?

(for example, to feedback?)

waiting room and in a practice leaflet. The complaints policy clearly outlined a time framework for when the complaint would be acknowledged and responded to. In addition, the complaints policy outlined who the patient should contact if they were unhappy with the outcome of their complaint. Information was available to help patients understand the complaints system in the form of leaflets, notices and material on the website.

Patients we spoke with were aware of the process to follow if they wished to make a complaint. None of the patients we spoke with had ever needed to make a complaint about the practice. However, they felt that if they had to make a complaint they would be listened to and the matter acted upon.

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the timeframes demanded by the practice policies. Where delays were expected in relation to a date for a response to a complaint, patients were informed of the reason for the delay. Complainants received a written apology where appropriate.

Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care.

# 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.

### Governance arrangements

The practice had an overarching governance policy which outlined structures and procedures in place which incorporated seven key areas: clinical effectiveness, risk management, patient experience and involvement, resource effectiveness, strategic effectiveness and learning effectiveness. Governance systems in the practice were underpinned by:

- A clear staffing structure and staff awareness of their own roles and responsibilities.
- Practice specific policies that were implemented and that all staff could access.
- A system of reporting incidents without fear of recrimination and whereby learning from outcomes of analysis of incidents actively took place.
- A system of audits which had been implemented since our last inspection visit in October 2014 and would be used to demonstrate an improvement in patients' welfare.
- Clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information.
- Proactively gaining patients' feedback and engaging patients in the delivery of the service. Acting on any concerns raised by both patients and staff.
- GPs had addressed their professional development needs for revalidation. All staff had been involved in the newly implemented appraisal scheme and were encouraged to attend training that supported their continuing professional development.

There were governance arrangements at the practice and these included the delegation of responsibilities to named GPs. For example, a lead GP for safeguarding and medicines management. The lead roles provided structure for staff in knowing who to approach for support and clinical guidance when required. Staff we spoke with were clear about their roles and responsibilities within the practice.

The practice had completed risk assessments in relation to the premises, such as fire risk assessments, health and safety and security of the building (external and internal). Risk assessments were current and had been reviewed and updated on either a yearly basis or sooner if changes were required. The practice had systems to underpin how significant events, incidents and concerns should be monitored, reported and recorded. Information about safety was used to promote learning and improvement.

### Leadership, openness and transparency

There was an open and transparent approach in managing the practice and leading the staff team. The GPs promoted shared responsibility in the working arrangements and commitment to the practice.

At our inspection visit on 14 October 2014 staff said that they did not always feel supported as everyone was so busy, they were able to approach the senior staff about any concerns they had but often had to wait to do this.

During this visit we found that improvements had been made. There was a clear leadership structure in place and staff felt supported by management. Staff told us that regular team meetings were held and that there was an open culture within the practice which gave them the opportunity to raise any issues at team meetings and feel confident and supported in doing so. Staff said they felt respected, valued and supported, particularly by the partners 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.

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

# Are services well-led?

Good 

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

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.

## **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.

At our inspection visit on 14 October 2014 we found that the practice had a patient participation group (PPG). However, this had been inactive for over a year. We spoke with two members of the patient participation group; they had never met as a group or had any contact with each other. Some of the actions identified in the most recent patient survey such as difficulty obtaining an appointments and getting through on the telephone had not been appropriately acted on. We found that the practice had not responded to issues or concerns raised by patients. Where patients had scored either poor or very poor, related to getting through on the telephone and/or getting an appointment on the same day or within two days. The action plan stated that an extra seven and a half hours would be added to the clinical sessions and we saw that this had been carried out with the introduction of the advanced nurse practitioner. However, there had been no investigation, monitoring, proposed action plan or remedy with regard to the problem patients experienced when contacting the practice by telephone or increasing access to appointments for GPs.

During this visit we found that improvements had been made. The number of PPG members had increased. We spoke with three members of the PPG who told us that they had yet to meet but that a date had been set for their first meeting in November 2015. We saw posters in the waiting room advising patients of the PPG and inviting them to join. The meeting date and time was also advertised. We discussed the meeting with the practice manager and were told that the purpose of the meeting was to discuss and agree terms of reference and the purpose of the group.

Patient engagement was measured through the Friends and Family Test and GP surveys. Results of which were mixed in their response. Questions relating to care and

treatment were responded to positively. However, feedback from patients regarding accessing appointments was negative. Patients we spoke with and those who completed comment cards told us they were happy to speak with staff at the practice if they needed to, in relation to positive or negative feedback about the practice or services received.

The majority of patients we spoke with were dissatisfied with contacting the practice by telephone and said they had always experienced problems. They told us that once they made contact with the practice, staff dealt with these issues promptly and knew how to prioritise appointments for them. The reception staff we spoke with had a clear understanding of the triage system. This was a system used to prioritise how urgently patients required treatment, or whether the GP would be able to support patients in other ways, such as a telephone consultations or home visits. The practice could demonstrate that they were responding to patients when they showed dissatisfaction about contacting the practice. For example, responding to concerns raised on the practice's NHS Choices web page and by conducting a patient survey which focussed on appointments and telephone answering. The survey was in progress at the time of our inspection to monitor how effective the improvements made were, according to the view of patients.

The practice had also gathered feedback from staff through staff meetings, appraisals and discussion. 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.

The practice had a whistleblowing policy and staff told us they were aware of the procedure to follow if they wished to raise concerns outside of the practice.

## **Continuous improvement**

The practice had recognised that there were a number of issues to resolve and act upon following our last inspection. Changes to the GP partnership had occurred and new staff, both clinical and administrative, had been appointed. All of which impacted on the service provided. The practice manager had been in post for over a year and the management team had established a strong focus on continuous learning and improvement at all levels within the practice.