

# Blue Dykes Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blue Dykes Surgery on 8 June 2016. Overall the practice is rated as good.

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

- Significant improvements had been made to the systems and processes in place which was highlighted following our initial inspection in August 2015. This included arrangements for delivering safe care and treatment and improved governance arrangements.
- Risks to patients and staff were well monitored and regular audits carried out to ensure policies reflected the latest guidance.
- The practice had an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- An innovative approach to staffing had established an effective clinical team which had areas of specialties allowing the most appropriate clinician to care for patients. For example, the practice employed a community psychiatric nurse, two pharmacists and advanced nurse practitioners in addition to practice nurses and a health care assistant.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice undertook clinical audits to review patient care and took action to improve services as a result. A plan was in place for future audits and all staff were actively involved in driving improvement.
- Patients told us that access to GP appointments could sometimes be difficult and this was reflected in the results from the national GP patient survey.

# Summary of findings

- Information about services and how to complain was available. The practice sought patients' views about improvements that could be made to the service directly and through the patient participation group (PPG).
- 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.
- In spite of the improvements there were some areas where governance and oversight needed to be strengthened, for example ensuring staff training the practice deemed mandatory had been completed by all staff.
- The practice planned and co-ordinated patient care with the wider multi-disciplinary team to deliver effective and responsive care for patients with complex health needs and / or living in vulnerable circumstances.

- The practice had an active PPG and worked with them to review and improve services for patients.

However there were areas where improvements should be made:

- Ensure an effective system is in place to ensure training, which the provider deemed as mandatory, is completed by all staff.
- Ensure patient experience data (including access to appointments) continues to be reviewed, monitored and acted upon to continually drive service improvement.

**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 good for providing safe services.

Good



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. This was a significant improvement from our previous August 2015 inspection. There were designated leads in areas such as safeguarding of children and infection control with training provided to support their roles.
- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. The practice had robust processes in place to investigate significant events and to share learning from these.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Face to face meetings were offered and apologies were made if appropriate.
- The practice ensured staffing levels were sufficient and there were effective systems in place to allocate patients to the most appropriate and qualified clinician.
- The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency medicines and vaccinations were robust and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- The practice used these guidelines to positively influence outcomes for patients.
- Clinical audits were planned and well managed and staff had input to the future subjects chosen. Records reviewed showed patients were regularly reviewed to ensure appropriate medicines and treatments were initiated to reflect best practice.
- Data showed most patient outcomes were in line or above those of the locality. For example, the practice's uptake for the cervical screening programme was 77% which was in line with the local average of 77%.

# Summary of findings

- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's 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 in line with or below national averages for several aspects of care. For example, 93% of patients said they had confidence and trust in the last GP they spoke to, against the CCG average of 96% and national average of 95%.
- Patients told us they were treated with care and concern by staff and their privacy and dignity was respected.
- The practice provided information about the services and support groups for patients which was accessible and easy to understand.
- We observed staff treated patients with kindness and respect, and maintained confidentiality.
- The practice had identified 4% of its patients as carers and staff were proactive in providing personalised support for each carer.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Patients told us that access to GP appointments could sometimes be difficult and this was reflected in the results from the GP patient survey. For example: 62% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- Information about how to complain was available and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and the patient participation group to improve the quality of service.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. This was overseen by the care co-ordinator who monitored patients at high risk of admission or following discharge from hospital.
- The practice offered flexible services to meet the needs of its patients. For example, the practice offered extended hours appointments until 8.30pm one evening a week.

## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision with patient care and improving patient's conditions as a priority.
- There was a clear leadership structure, succession planning was in place to manage staffing levels in the future, and the imminent addition of Royal Primary Care as a partner was planned to allow additional leadership capacity and services for patients.
- The practice had a wide range of relevant policies and procedures to govern activity and these were regularly reviewed and updated.
- The partners and practice management team encouraged a culture of openness and honesty, and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues and were supported by the practice.
- However, systems to ensure mandatory training had been completed by all staff needed to be strengthened to ensure they were well managed.

# 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 personalised care to meet the needs of older people in its population.
- Staff were responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The care coordinator and practice staff worked effectively with multi-disciplinary teams to identify patients at risk of admission to hospital and to ensure their needs were met.
- Monthly meetings were held with the wider multi-disciplinary team to support patients to live in their own homes and ensure they were kept safe, and had their individual needs met. A practice nurse made frequent visits to patients in their homes and the local nursing and residential homes to carry out both urgent appointments as well as routine health reviews where appropriate.
- For patients requiring a medicines review, the practice pharmacists would arrange a home visit if the patient was unable to get to the surgery.

### People with long term conditions

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

Good



- The practice was in line with the local and national averages for its performance for the care of patients with long-term conditions. For example:
  - The percentage of patients with a lung disease who had a review undertaken in the preceding 12 months was 87% compared to a national average of 90%.
- Longer appointments and home visits were available when needed.
- Nurses had specialist training in chronic disease management to enable them to support patients with long term conditions.
- All patients with a diagnosis of cancer were given a named GP to ensure continuity of care

### Families, children and young people

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

Good



# Summary of findings

- The practice worked closely with the local health visitors in the care of children and young people.
- Immunisation rates were in line with the CCG average for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- The practice employed community psychiatric nurse was able to take on patients from internal referrals in regards to anxiety and depression including post-natal depression.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. This included access to telephone appointments and the availability of extended hours appointments one evening a week.
- The practice offered online services such as electronic prescriptions and GP appointments were offered through the online booking system.
- Health promotion and screening was provided that reflected the needs for this age group. The practice was in line with the CCG for health checks. For example, the practice had screened 64% of patients aged between 60 and 69 years for bowel cancer, which was above the CCG average of 60%.

**Good**



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

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

- The practice offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments. Health checks were also offered to patients with a learning disability.
- The safeguarding lead GP regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice offered patients who placed a greater demand on the local healthcare team, and practice staff, a weekly

**Good**





# Summary of findings

appointment which they could attend without a reason. This had been anecdotally shown to reduce the number of appointments these patients required on both local emergency departments and other providers of care.

- 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.
- For patients on the end of life register, a dedicated phone line was available which ensured calls were answered promptly and appropriate care was organised for patients.
- The practice's computer system alerted GPs if a patient was also a carer. A total of 341 carers were registered with the practice and this equated to 4% of the patient list.

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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Staff had a good understanding of how to support people with mental health needs and dementia.
- The practice employed community psychiatric nurse was able to see patients for extended appointments and at their home if appropriate. Follow up appointments were organised to establish a supportive mental health service to the patients.
- Patients who are not able to make their own decision were appropriately assessed to ensure best interest decisions were made.

Good



# Summary of findings

## What people who use the service say

We looked at the national GP patient survey results published in January 2016. The results showed the practice was performing below local and national averages in many areas. A total of 247 survey forms were distributed and 111 were returned. This represented a return rate of 45%.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 69% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 73% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.

- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 76% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received one comment card which was positive about the standard of care received.

We spoke with 11 patients during the inspection in addition to two members of the patient participation group. All of the patients said they were happy with the level of care they received. However some said that getting an appointment over the phone was difficult and often had to queue in the morning to be guaranteed a same day appointment with a GP.

## Areas for improvement

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

- Ensure an effective system is in place to ensure training, which the provider deemed as mandatory, was completed by all staff.
- Ensure patient experience data (including access to appointments) continues to be reviewed, monitored and acted upon to continually drive service improvement.

# Blue Dykes Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a Pharmacist Specialist from the CQC medicines team, a second CQC inspector, a practice nurse specialist advisor and an expert by experience.

## Background to Blue Dykes Surgery

Blue Dykes Surgery provides primary medical services to approximately 8600 patients through a Primary Medical services (PMS) contract. Services are provided to patients in a purpose built practice which has been recently renovated in the town of Clay Cross, Chesterfield.

The practice population live in an area of average deprivation and the income deprivation levels affecting children and older people is also in line with the England average.

The practice team comprises of two GP partners (one male and one female), a salaried female GP (currently on maternity leave), and a team of healthcare assistants, advanced nurse practitioners, practice nurses, a community psychiatric nurse and two practice pharmacists. The clinical team is supported by a practice manager, assistant practice manager and a team of reception and administrative staff.

The practice opens from 8am to 6.30pm Monday to Friday. Morning appointments are available daily from 8.40am to

12pm. Afternoon appointments are available from 2.30pm to 6pm. The practice runs an evening session once a week from 6.30pm to 8.30pm on alternating Wednesdays and Thursdays.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Derbyshire Health Unites (DHU).

## Why we carried out this inspection

The practice was previously inspected on 4 August 2015 and rated requires improvement overall. We identified concerns in relation to Regulation 12: Safe care and treatment and Regulation 17: Good governance. We required improvements to be made within six months of the publication of the final report. The purpose of this most recent inspection was to check that improvements had been made.

We also 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 8 June 2016. During our visit we:

# Detailed findings

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

A comprehensive inspection was undertaken on 4 August 2015 and the safe domain was rated Inadequate. We found risks were not always assessed and well managed to ensure patients were kept safe. This included arrangements for incident reporting, recording, investigating and learning from significant events and patient safety alerts; medicines management; recruitment checks and training for staff in particular safeguarding, infection control and basic life support.

At this inspection, we found significant improvements had been made to ensure the provider had addressed the concerns and complied with the Regulations relating to safe care and treatment.

### Safe track record and learning

The practice had robust systems in place to report and record incidents and significant events.

- Staff told us they would inform the practice manager or the senior partner of an incident or event in the first instance. Following this, the appropriate staff member completed the reporting form which was available on the practice's computer system.
- The practice recorded all significant events and reviewed these at regular staff meetings.

We reviewed a range of information relating to safety including 18 significant events recorded in the previous 12 months and we saw the minutes of meetings where this information was discussed. The practice ensured lessons were shared and that action was taken to improve safety within the practice. For example, a miss identified urine sample had meant medicine was prescribed to an incorrect patient. This was picked up and the medicine recalled and following an investigation protocols were updated and training put in place to ensure there was minimised risk of reoccurrence.

Where patients were affected by incidents, the practice demonstrated an open and transparent approach to the sharing of information. The practice invited patients affected by significant events to view the outcomes and apologies were offered where appropriate.

### Overview of safety systems and processes

The practice had systems in place which kept people safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse were in line with local requirements and national legislation. There was a lead GP responsible, qualified to level three for child and adult safeguarding. Policies in place supported staff to fulfil their roles and outlined who to contact for further guidance if they had concerns about patient welfare. Staff we spoke to were aware of the local safeguarding procedures and who they would raise concerns with if needed.
- We reviewed five employment files for clinical and non-clinical staff. We found all of the appropriate recruitment checks had been undertaken prior to employment. Checks undertaken included, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).
- The practice premises were observed to be clean and tidy and appropriate standards of cleanliness and hygiene were followed. A practice nurse was the infection control lead who liaised with local infection prevention teams to maintain best practice. The practice had been audited in June 2016 and an action plan put in place to monitor changes.
- The practice had a system in place to distribute safety alerts and all staff were aware of this, management had recently implemented a signing sheet to ensure themselves that staff had read the updates.

There were robust arrangements in place to manage medicines within the practice to keep people safe. This included the processes of obtaining, prescribing, recording, handling, storing, security and disposal of medicines. For example,

- Significant improvements had been made to ensure an effective system was in place for dealing with correspondence from secondary care or other clinics about changes to patients' medicines. Any changes to medicines were acted upon promptly to ensure patients received amended prescriptions in line with clinical recommendations.
- Systems were in place to handle high risk medicines, to ensure any necessary monitoring and tests had been done and were up to date.

## Are services safe?

- Medicine related audits were undertaken to ensure prescribing was in line with best practice guidelines. We also saw evidence of repeated clinical audit cycles showing improvement in patient care and management of medicines.
- Blank prescription printer forms (this includes pads and computer paper) were held securely and logged on arrival in the practice before use. Prescriptions were not tracked through the surgery in line with national guidance although this was rectified before the end of our inspection.
- The provider employed two practice pharmacists (total 41hours) and they worked in collaboration with the clinical commissioning group (CCG) medicines management team and a local community pharmacist. This increased the capacity to review patients' medicines, and freed up GP time. Patients were actively encouraged to make an appointment for a review of their medicines. For example the practice attached to prescriptions a red coloured prompt note stating "to ensure your repeat prescriptions are still appropriate and synchronised, please make an appointment for a medication review".
- Four of the nurses were qualified as advanced nurse practitioners and could prescribe medicines for specific clinical conditions. They received mentorship and support from the GP partners for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific direction from a prescriber.

### 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 and the practice had

up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it 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 the safety of the premises such as control of substances hazardous to health and infection control.

- Arrangements were in place for planning and monitoring the number of staff and skill mix needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### 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 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 store room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and an accident book were available and the practice had a designated first aider.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of the location. All the medicines we checked were in date and reviewed monthly by the practice nurse.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and suppliers with paper copies being kept offsite.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice manager received all updates and these were distributed to relevant staff through email. Paper copies were also kept in the administrative office, where staff could read the notices. We saw evidence that the practice was using clinical audit to monitor the implementation of guidelines and updates were discussed in practice meetings.

### 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 recently published results showed the practice had achieved 535 out of a possible 559 points available. This was in line with the CCG and national averages.

Performance in all clinical domains was in line with, or above the local and national averages. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 91% which was 4.5% above the local average and 2.9% above the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 82.7% which was 0.2% below the CCG average and 0.9% below the national average.
- The percentage of patients with a new diagnosis of dementia recorded in the preceding year who had received a range of blood tests within six months of entering onto the register was 85.7% which was 15% above the local average and 4.2% above the national average. This had been achieved with an exception rate of 3.4% which was 12.8% below the local average and 5% below the national average.

- The percentage of patients with a mental health condition who had received a care plan review in the previous 12 months was 100% which was 6% above the CCG average and 7.2% above the national average. This had been achieved with an exception rating of 44% which was significantly higher than the local average of 16.4% and national average of 12.6%. However on further investigation it was found that the system had automatically exempted some patients who otherwise had been reviewed. In addition, records reviewed and discussions held with practice staff showed the decision to exception report was based on appropriate clinical judgement with clear and auditable reasons coded or entered in free text on the patient record. Examples of exclusions included:
- Patients who had not attended their health reviews in spite of being invited on three occasions.
- Patients for whom prescribing a specific medicine or treatment was not clinically appropriate and / or
- Patients newly diagnosed or who had recently registered with the practice that should have had measurements made within three months.

Clinical audits were undertaken within the practice.

- There had been 19 clinical audits undertaken in the last year. Four of these were completed audits, where the improvements made were implemented and monitored. For example; an audit was undertaken to establish the number of patients prescribed a specific medicine used to regulate heart rhythm and requiring regular blood tests. We saw that patients that were highlighted as not recently reviewed were recalled and the prescriptions for the medicine were amended to tell patients that blood tests were required every six months.
- The practice had appointed one of the employed pharmacists as an audit lead, who managed the audits and took suggestions from staff for future topics. The staff had embraced audits as part of the regular work the practice undertook since our initial inspection and had seven additional audits had been planned for the rest of the year.



# Are services effective?

## (for example, treatment is effective)

### Effective staffing

We saw staff had a range of experience, skills and knowledge which enabled them to deliver effective care and treatment.

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff which covered topics such as first aid, health and safety and confidentiality and new staff would receive a period of shadowing to learn the practice specific systems and patient pathways.
- The practice could demonstrate how they ensured role-specific training was undertaken. For example, staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- However the system in place for the regular completion of training updates for other areas was not effectively managed as several members of staff had not undertaken training which the practice deemed mandatory such as safeguarding updates and first aid training.
- The system in place to manage staff appraisals was effective and staff had received an appraisal in the previous year. The most recent appraisals had been put on hold due to the imminent partnership working with Royal Primary Care as objectives and practice needs were likely to change and realistic appraisals were difficult until then. They had been highlighted as a primary task once the partnership had taken place.
- Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions, support was provided through regular meetings, mentoring and clinical supervision.

### 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 with other health and social care services to understand and meet the range and complexity of patients' needs; as well as assess and plan their on-going care and treatment. This included when patients moved between services and after they were discharged from hospital. Records reviewed showed multi-disciplinary team meetings took place every month and care plans were routinely reviewed by relevant staff leads and updated.

A member of staff carried out the role of care coordinator. The practice supported them in their role which included:

- monitoring patients on the admissions avoidance, long term conditions and end of life registers and
- Communicating with the community matron, nurses and social services to ensure support was given to patients who needed it.
- They were also able to directly refer patients for certain services such as physiotherapy and occupational therapist.

### 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.
- Clinical staff had undergone additional training in mental capacity assessment and the use of deprivation of liberty safeguards (DOL).

### Health promotion and prevention

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



# Are services effective?

(for example, treatment is effective)

- 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 were then signposted or referred to the relevant service.
- The practice offered a range of services including smoking cessation and family planning clinics.

The practice had systems in place to ensure patients attended screening programmes and ensured results were followed up appropriately. The practice's uptake for the cervical screening programme was 77% which was broadly in line with the national average of 81%. There was a policy to send written reminders followed by a telephone reminder for patients who did not attend for their cervical screening test.

The practice also encouraged its patients to attend national screening programmes for bowel and breast

cancer screening. For example, 60% of patients between the ages of 60 and 69 were screened for bowel cancer in the past six months compared to the local average of 57% and national average of 55%.

Childhood immunisation rates were in line with CCG averages. For example, childhood immunisation rates for vaccinations given to two year olds ranged from 93.7% to 97.5% (CCG rates range from 96% to 98%) and five year olds ranged from 95% to 100% (CCG rates ranged from 96% to 99%).

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

### Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful to patients both on the telephone and within the practice. Staff greeted patients as they entered the practice and did their utmost to accommodate patient's needs.

Measures were in place to ensure patients felt at ease within the practice. These included:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if a patient wished to discuss sensitive issues or appeared distressed.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. Only one card was completed which was positive about the friendliness of staff.

We spoke with 11 patients, in addition to two members of the patient participation group (PPG), during the inspection. All of the patients said the premises were clean and tidy; and they were treated with kindness and understanding by the practice staff.

Results from the national GP patient survey showed the practice performance was below the local and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 71% of patients said the last GP they spoke to was good at treating them with care and concern compared to a CCG average 85% and a national average of 85%.
- 83% of patients said the GP was good at listening to them compared to the clinical commissioning (CCG) average of 87% and national average of 89%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 93% and a national average of 91%.

- 92% of patients said they had confidence and trust in the last GP they saw compared to a CCG average of 97% and a national average of 95%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

- 87% of patients said they found the receptionists at the practice helpful compared to a CCG average 88% and a national average of 87%.

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

Patients told us they felt listened to and involved in decision making about the care and treatment they received. They told us clinical staff explained their medical conditions and treatments well and did not feel rushed.

The view reflected in the GP patient survey was not as positive as the patients' views we spoke to during the inspection.

- 70% of patients said the GP gave them enough time compared to a CCG average of 85% and a national average of 87%.

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning with nurse appointments rather than those with GPs. For example:

- 71% of patients said the last GP they saw was good at involving them in decisions about their care compared to a CCG average 81% and a national average of 82%.
- 72% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average 90% and a national average of 85%.

### 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. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. A total of 341 carers were registered with the practice and this equated to 4% of the patient list. A

## Are services caring?

designated member of staff was the carer's champion. They maintained the carers register which was actively used to review the health needs and / or support patients and carers. Carer identification was a priority within the practice and formed part of every clinician's assessment. Referrals were made to the carers champion by the clinical staff to enable additional support to be provided.

The practice also hosted carers' events and referred to the local carers association which the practice worked closely with. Longer appointments were offered if appropriate, as well as home visits to fit around the often busy lifestyle of a carer.

The practice displayed information for carers in the waiting area and staff had developed an information pack containing telephone numbers and support services for carers in the community.

Staff told us if families had experienced bereavement, their usual GP contacted them if this was considered appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs, 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.

In addition to this, the practice worked to ensure its services were accessible to different population groups. For example:

- The practice offered extended hours appointments one day per week.
- There were longer appointments available for patients who required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice worked closely with the community teams to provide care for patients in most need.
- A practice nurse conducted weekly visits to nursing and care homes as well as for patients living in their own home when appropriate.
- Same day appointments were available for children and those patients with medical problems that required to be seen urgently.
- The practice employed a variety of clinical staff including two practice pharmacists with additional support from the CCG medicines management team and a local community pharmacist. This increased capacity to review patients' medicines effectively and freed up GP time.
- A community psychiatric nurse was also employed by the practice to provide care for patients who needed support with mental health and home visits were also available. This had allowed for significantly longer appointments than GPs were previously able to offer as well as continuity of care which patients told us was beneficial to their care.
- Translation services were available for patients whose first language was not English. Information was displayed to assist patients to access interpreter services.
- Consultation rooms were accessible and disabled facilities were available.
- The waiting area contained a wide range of information on services and support groups.

- A separate room close to reception was usually used for private and sensitive discussions.

### Access to the service

The practice opens from 8am to 6.30pm Monday to Friday. Morning appointments are available daily from 8.40am to 12pm. Afternoon appointments were available from 2.30pm to 6.00pm. The practice runs an evening session once a week from 6.30pm to 8.30pm on alternating Wednesdays and Thursdays. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was below local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and the national average of 73%.
- 87% of patients said the last appointment they got was convenient compared to the CCG average of 92% and the national average of 92%.

Patients told us the care they experienced allowed for flexibility however had concerns around the continuity of care from GPs as they often struggled to get an appointment with a specific GP. Although some patients told us the phone system was often busy in the morning they found that if they visited the practice in the morning they often got an appointment on the day.

The provider worked to meet patient's needs with the available resources they had and were in the final stages of formalising their partnership with the Royal Primary Care; with the view to handing the contract to them after a six month interim period. This followed a consultation with the CCG, patients and staff. Benefits of the partnership included increased GP capacity as additional GPs had been recruited by Royal Primary Care and plans were in place for them to start in July 2016.

The practice had acknowledged that with one GP on maternity leave locum GPs had been used to cover some sessions which reduced the continuity of care as they were

# Are services responsive to people's needs?

(for example, to feedback?)

not as established within the practice or well known to patients. The practice also had plans to increase the number of GPs within the practice over the next six months to allow for additional appointments.

## Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints and the most appropriate member of staff would assist in investigating complaints when required. For example if the complaint was around medicines then the pharmacist would assist the practice manager.

- Leaflets for patients wishing to make a complaint about the practice were available from the reception. Information about the complaints process was visibly displayed in the waiting area and website.

We looked at 21 complaints received in the last 12 months and found these were dealt with promptly and sensitively. We saw meetings were offered to discuss and resolve issues in the manner which the complainant wanted. Apologies were given to people making complaints where appropriate. Lessons were learnt from concerns and complaints and appropriate action was taken to improve the quality of care. Complaints were regularly discussed within the practice and learning was appropriately identified.

# Are services well-led?

Good 

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

## Our findings

A comprehensive inspection was undertaken on 4 August 2015 and the well led domain was rated Requires Improvement. We found the provider did not have sufficient leadership capacity and effective governance arrangements to ensure the delivering of safe patient care. For example:

- Arrangements for identifying, recording, and managing risks, and implementing mitigating actions needed to be strengthened to ensure they were robust and protected people against risks to their health and welfare.
- Practice specific policies were not always made available to all staff or implemented.
- Some staff told us at times, they were uncertain of leadership responsibilities when things did not go well.
- The practice did not have robust systems in place for auditing and evaluating their services to ensure they were delivering an effective service.

At this inspection, we found the provider had implemented most of the improvements with the exception of increasing clinical leadership and capacity. However, plans were in place to work in partnership with Royal Primary Care from July 2016 to address this; specifically to increase managerial support and GP capacity as well as streamline the governance arrangements.

### Vision and strategy

The practice had a clear vision which included:

- Providing a high quality of care and treatment to patients, by ensuring they were seen by the most appropriate and skilled clinician.
- Involving patients in the decisions around their care and ensuring community teams were involved in where appropriate.
- A focus on prevention of disease and promoting healthy living.

Staff were engaged with the aims and values of the practice and committed to providing high quality patient care. The

future strategy of the practice centred on partnership working with the Royal Primary Care Trust and succession planning. Increasing clinical staffing levels was a key specific area within this strategy.

### Governance arrangements

The practice had governance systems in place which were mostly effective and supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities.
- A wide range of practice specific policies and protocols were in place and accessible to all staff. We saw that policies and protocols were regularly reviewed.
- The capacity of the two GP partners prioritised clinical areas and practice performance. The future addition of Royal Primary Care as a partner was led by the GP partners as they had highlighted further capacity would benefit the care delivered to patients and the way the practice operated. For example, the addition of a nurse lead and a new appraisal and development process for all staff.
- There was a demonstrated and comprehensive understanding of the performance of the practice. This ranged from performance in respect of access to appointments, patient satisfaction and clinical performance.
- Arrangements were in place to identify record and manage risks and ensure mitigating actions were implemented.

However we saw that the practice manager had raised the lack of mandatory training completed by staff at a recent meeting and an action plan was put in place to ensure the members of staff who had not completed the training would complete it in a timely manner. During the inspection we found that 28 out of 41 members of staff had still to complete child or adult safeguarding updates as well as some other modules for subject such as infection control and manual handling. When we spoke to staff they were aware of the protocols in place and several of them had completed equivalent training with second employers.

# Are services well-led?

Good 

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

However the practice had not collected evidence of this to assure them that this training had been completed. Once we raised this as a concern it was acted on and most staff had completed the training within a week of the inspection.

## Leadership, openness and transparency

- The partners had the experience and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The practice manager was visible in the practice and staff told us they were approachable and took the time to listen to all members of staff.
- The leadership team showed an open and transparent attitude which was appreciated by staff we spoke to.
- Staff told us there was a blame-free and open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so.
- Feedback from staff told us they felt respected, supported and valued by the management team within the practice.
- The GP partners acknowledged they would benefit from additional capacity to run the practice effectively and ensure robust clinical leadership and professional development programme for the nursing staff in particular. The GP partners and two representatives from the Royal Primary Care we spoke with told us of plans to address this including increased managerial support.

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

The practice was open to feedback and encouraged feedback from patients, the public and its staff in how services were delivered. For example,:

- There was an embedded culture of learning and improvement through clinical audit, and analysis of significant events and complaints.
- The practice gathered feedback from patients through a patient participation group (PPG), as well as conducting satisfaction surveys annually. The PPG had 12 members and was active in communicating patient feedback and concerns to the practice. They met at the practice every two months and meetings were also attended by a GP partner or practice manager. On occasion guest speakers would attend from the CCG or Trust to involve a wider conversation on the care delivered to patients.
- Anonymised complaints and incidents were discussed with the PPG and options for improvement were considered and implemented with their support. The PPG was proactive in facilitating fundraising activities and had purchased watercoolers and a warm air blower above the newly fitted front door after feedback from patients. They also ran fundraising and coffee morning events within the practice and used to opportunity to recruit new members.
- Feedback from patients was gathered from patients through the friends and family test and GP patient's survey which were discussed at practice meetings. Records reviewed showed action plans were implemented when changes could be made.
- The practice gathered feedback from staff through meetings, appraisals and on-going discussions. Staff told us they would happily 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.