

# Dr Qureshi & Partners

## Quality Report

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Date of inspection visit: 17 January 2017

Date of publication: 27/03/2017

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Qureshi & Partners on 17 January 2017. Overall the practice is rated as good.

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

- Systems and processes were in place to support the reporting and recording of significant events. Learning was identified from incidents and significant events and shared with relevant staff.
- Risks to patients and staff were generally assessed and well managed within the practice.
- Staff used current evidence based guidance to plan and deliver care for patients. Staff had undertaken training to equip them with the skills and knowledge they required to deliver effective care.
- Patient outcomes were generally in line with or above local and national averages. Staff worked closely with community based staff to meet the needs of their patients. Data showed that avoidable admissions to hospital for older people had reduced.
- Feedback we received as part of the inspection indicated that patients felt they were treated with compassion, dignity and respect and found staff polite, friendly and helpful.
- Information about services and how to complain was available and easy to understand. In addition information about raising complaints and concerns was provided on the practice's website.
- Patients were generally able to access appointments when they required them. We saw evidence of ongoing reviews of the appointment system.
- The practice had good facilities and was equipped to treat patients and meet their needs.
- There was a clear leadership structure in place and staff were positive about the support they received from management.
- The practice proactively sought feedback from staff and patients; we saw evidence of action taken by the practice in response to feedback. The practice shared information in the waiting area about action taken in response to feedback.

# Summary of findings

- There was a clear vision for the future and a comprehensive action plan had been developed which supported this; the action plan was regularly reviewed.
- The patient participation group was active and met regularly; they were positive about their interactions with the practice.

The areas where the provider should make improvements are:

- Review or risk assess the arrangements for phlebotomy appointments when there may not be a qualified clinician on site

- Ensure all staff receive regular appraisals in line with the practice's appraisal plan
- Increase the frequency of documented clinical meetings and consider how information from meetings can be effectively cascaded to locum staff
- Continue to review and address areas of lower patient satisfaction

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There were systems in place for reporting and recording significant events and staff understood their responsibilities to report concerns.
- Learning was identified from incidents and significant events and was shared with relevant staff to improve safety in the practice.
- When things went wrong patients received support, information and apologies where appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included appropriate safeguarding arrangements.
- Risks to patients were generally assessed and well managed. There was a demonstrated commitment to health and safety processes and procedures with the practice manager having undertaken additional training and external support being sought where required. However, the practice had not formally assessed the risk of the provision of phlebotomy appointments when there may not be a qualified member of clinical staff on site.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example, t
- Staff assessed needs and delivered care in line with current evidence based guidance. New and updated guidelines were available to staff via the practice's intranet system.
- Clinical audits demonstrated quality improvement. A range of clinical audits had been undertaken in the practice and audits were also undertaken with the support of the CCG's medicines management team.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.

# Summary of findings

- There was evidence of appraisals and personal development plans for most staff; where appraisals had not been completed in the last 12 months there was a rationale for this and a plan in place to complete these by March 2017.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care. For example 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- However, there were some areas where the practice was related below others for aspects of care. For example, 72% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- We saw evidence the practice had reviewed and analysed the results of the national survey and implemented an action plan as a result of this. The practice had made substantial progress against their action plan and hoped this would lead to improved results.
- Feedback from patients we spoke with and from the comment cards indicated that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- During our inspection we observed that staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

**Good**



- Practice staff told us they reviewed the needs of their local population and delivered services to meet their needs. For example the practice had increased the range of family planning services they offered to help meet the needs of patients. In addition the practice was planning to offer an increased range of minor surgical procedures in the future.
- Feedback about access to appointments from the national GP patient survey was mixed. The practice had implemented an

# Summary of findings

action plan in response to this which included the closure of the branch surgery to enable all services to be provided from one site; the recruitment of additional staffing resources and a review of the appointment system.

- Feedback from patients we spoke with and from comment cards was positive about access to appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs. The practice had undertaken an access audit in 2016 to review their premises and ensure these were suitable for patients with a disability.
- Information about how to complain was available and easy to understand and evidence showed the practice responded promptly to issues raised. Complaints were reviewed on an annual basis to ensure any themes or trends were identified.

## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The vision was underpinned by a comprehensive action plan which was regularly reviewed and updated.
- Staff were engaged with the vision and the values of the practice and were committed to the delivery of high quality care.
- There was a clear leadership structure which was displayed around the practice and staff felt supported by management.
- Appropriate policies and procedures to govern activity; these were regularly reviewed and updated and were accessible to all staff.
- There was a governance framework which supported the delivery of good quality care and supported the practice in the implementation of their action plan; significant improvements had been made across all areas of service delivery in recent years. This included arrangements to identify risk.
- Clinical meetings were held within the practice; however formal, documented meetings had not been held regularly in recent months due to staffing shortages.
- The practice was committed to improving the quality of the service they provided; for example an action plan had been developed following the most recent national GP patient survey results.
- The provider was aware of and complied with the requirements of the duty of candour. The partners and practice manager encouraged a culture of openness and honesty.

**Good**



# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. Information about action taken was shared in the waiting area.
- The patient participation group (PPG) was active and met regularly. The PPG was positive about their interaction with the practice and had been involved in supporting them to make improvements.

# 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 the older people in its population.
- Home visits and urgent appointments were available for those with enhanced needs. The practice also offered a home visiting phlebotomy service.
- All patients over 75 were assigned a named allocated GP who was responsible for overseeing their care.
- As part of the CCG project on supporting frail older people the practice had offered enhanced support to patients at risk of admission to hospital. Data demonstrated that the practice's emergency hospital admission rate for all patients over 65 had fallen by 18% and for all patients over 75 this had fallen by 13%.

### People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators 98.3% which was 6.8% above the CCG average and 8.5% above the national average. The exception reporting rate for indicators related to diabetes was 7.4% which was below the CCG average of 9.9% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 1.5% above the CCG average and 2.7% above the national average. The exception reporting rate for hypertension related indicators was 4.3% which was marginally above the CCG average of 3.2% and the national average of 3.9%.
- Longer appointments and home visits were available when needed.
- An in-house spirometry service was offered by the practice.
- All these patients had a named GP and were offered a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, their named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.



# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for most standard childhood immunisations.
- Appointments were available outside of school hours including nursing appointments. The practice opened late one evening per week.
- The premises were suitable for children and baby changing facilities were provided.
- We saw examples of joint working with community based professionals to ensure children were safeguarded from abuse.

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

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours services were provided one evening per week.
- Health promotion advice was offered and there was health promotion information available for patients in the waiting area.
- Online services were offered including prescription services and appointment booking. SMS reminders were sent for appointments.
- Information was displayed to encourage the uptake of national cancer screening programmes for bowel and breast cancer; uptake rates were in line with or above local and national averages.
- Published data from QOF indicated that the practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 81%.

## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability. During our inspection the practice provided us with examples of care provided to patients living in vulnerable circumstances including patients with substance misuse problems and patients who were homeless.
- Longer appointments were provided for patients with a learning disability where required.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Performance for mental health related indicators was 100% which was 7.8% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 12.79% which was in line with the CCG average of 14.6% and the national average of 11.3%.
- 97.1% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 10.2% above the CCG average and 13.4% above the national average. This exception reporting rate for this indicator was 5.4% which was below the CCG average of 8.4% and the national average of 6.8%.
- The practice worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Information was available for patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 255 survey forms were distributed and 116 were returned. This was a response rate of 45% and represented 1.9% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 76%.
- 78% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 75% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 78%.

As part of the inspection we asked patients to complete Care Quality Commission comment cards; we received four comment cards which were all positive about the standard of care received. Patients expressed confidence in the treatment they received from the practice and found staff helpful, polite and caring.

We spoke with five patients during the inspection including a member of the patient participation group (PPG). All of patients said they were satisfied with the care they received and thought staff were approachable, welcoming and committed.

## Areas for improvement

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

- Review or risk assess the arrangements for phlebotomy appointments when there may not be a qualified clinician on site
- Ensure all staff receive regular appraisals in line with the practice's appraisal plan
- Increase the frequency of documented clinical meetings and consider how information from meetings can be effectively cascaded to locum staff
- Continue to review and address areas of lower patient satisfaction

# Dr Qureshi & Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Qureshi & Partners

Dr Qureshi & Partners provide primary medical services to approximately 6200 patients and is part of Lincolnshire West Clinical Commissioning Group. Services are provided under a general medical services (GMS) contract.

Services are provided from a main surgery located in the village of Bracebridge Heath, known as The Heath Surgery, and from a branch surgery located at 19 St Catherines, Lincoln. The branch surgery is known as South Park Surgery. We did not visit the branch surgery as part of our inspection. The main surgery was purpose built in 2007 and is accessible by public transport. Car parking is provided on site and all patient services are provided from the ground floor.

The level of deprivation within the practice population is below local and national averages with the practice falling into the eighth most deprived decile. The level of income deprivation affecting children is below local and national averages; income deprivation affecting older people is similar to local and national averages.

The clinical team is comprised of two GP partners (one male, one female), a long-term locum GP, a long-term locum nurse consultant (advanced nurse practitioner), one nurse prescriber, two practice nurses, a healthcare assistant and two phlebotomists.

The clinical team is supported by a practice manager and a team of reception and administrative staff.

The practice opens between 8am and 6.30pm daily with the exception of Wednesday when the practice opens until 8.15pm. Appointments are from 9am to 11.30am each morning. Afternoon appointment times vary but usually are from 3pm to 5pm or from 4pm to 6pm. Additional patients are seen at the end of morning and afternoon surgery as required. Extended hours appointments are offered each Wednesday evening. In addition to pre-bookable appointments that can be booked up to four weeks in advance, half of all appointments are available to be booked on the day for people that need them.

The practice has opted out of providing out of hours services for its patients; out of hours services are provided by Derbyshire Health United (DHU) and are accessed via 111.

## Why we carried out this inspection

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

# Detailed findings

## 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 17 January 2017.

During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems in place to support the reporting and recording of significant events. There was an effective system in place for reporting and recording significant events.

- The practice manager or one of the partners was informed of any events or incidents and forms were completed to record the event. Recording forms were available to all staff on the practice's computer system.
- A log book kept in the reception area enabled front line staff to make a record of any minor events.
- Where the practice identified that things had gone wrong with care and treatment, affected patients were informed of the incident and offered support, information and apologies. Patients were also told about any action taken by the practice to improve processes and prevent the same thing from happening again.
- Significant events were reviewed on an ongoing basis. Learning was identified and was seen that appropriate action was taken to ensure that learning was shared with relevant staff. For example, following a significant event where a patient had collapsed in the reception area, a review of the contents and location of the emergency trolley had been undertaken and improvements made.
- Systems were in place to enable the practice to respond to alerts related to patient safety including alerts received from the Medicines and Healthcare products Regulatory Agency (MHRA). Alerts were logged and the action taken documented.

### Overview of safety systems and processes

Clearly defined and embedded systems and processes were in place within the practice which helped to keep patients safe and safeguarded from abuse. These included:

- Arrangements were in place to help to ensure children and vulnerable adults were safeguarded from abuse. Policies and procedures were in place which reflected local arrangements and relevant national legislation. Policies were accessible to all staff and outlined who staff should contact if they had concerns for the welfare of a patient. The practice had a lead GP for safeguarding and a further GP as a deputy lead. GPs attended

safeguarding meetings where possible and provided reports as required for other agencies. Monthly meetings were held with community based professionals to discuss children at risk of abuse. Staff understood their responsibilities in relation to the safeguarding and had received training at a level relevant to their roles. GPs had been trained to child safeguarding level 3.

- Notices were displayed around the practice which advised patients that they could request a chaperone if required. All staff who acted as chaperones had received training for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- During our inspection, we observed the premises to be clean and tidy and feedback from patients was positive about the cleanliness of the practice. Appropriate arrangements were in place to ensure the practice standards of cleanliness and hygiene were maintained. One of the practice nurses was the infection control lead and the practice liaised regularly with the local infection control team to keep up to date with best practice. Infection control policies and protocols were in place and staff had been provided with infection control training. Regular infection control audits were undertaken and evidence showed action was taken to address any areas identified for improvement.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped to ensure patients were kept safe; this included the obtaining, prescribing, recording, handling, storing, security and disposal of medicines. Processes were in place for to handle requests for repeat prescriptions; these included arrangements to ensure patients being prescribed high risk medicines were reviewed at appropriate intervals. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed staff files for five recently recruited members of staff. We found that appropriate recruitment checks had been undertaken prior to employment. These included proof of identification, evidence of satisfactory conduct in previous

# Are services safe?

employment, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to enable the monitoring and management of risks to the health, safety and welfare of patients, staff and visitors.
- A health and safety poster was displayed in the reception office which identified the practice's health and safety representatives. The practice manager had undertaken health and safety training to level 3.
- The practice had up to date fire risk assessments in place for the main surgery and the branch surgery and carried out regular fire drills. Fire risk assessments were undertaken by an external health and safety expert; the most recent risk assessment report had been provided in February 2016 and no concerns had been identified.
- Electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly.
- A range of other risk assessments were in place to monitor safety of the premises such as control of substances hazardous to health, general premises risk assessments and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place to manage and monitor the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for different staffing groups to ensure enough staff were on duty; for example requests for annual leave were planned to ensure a limited number of staff were off at any one time. The practice also employed some staff on flexible contracts which enabled them to work longer

hours when this was required. However, staffing shortages and the challenge of managing staff across two sites meant that phlebotomy appointments sometimes started before there was qualified member of staff on site; following a significant event these arrangements had been reviewed and the phlebotomy clinic now started 30 minutes later than previously but there could still be occasions when there was no qualified member of staff on site. This risk had not been assessed.

## Arrangements to deal with emergencies and major incidents

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

- Instant messaging systems were in place on computers in all consultation and treatment rooms which could be used to alert other staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room and the minor surgery suite.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- Medicines and emergency equipment were stored on a dedicated emergency trolley in the reception office area. Arrangements were in place to ensure regular checks of equipment and medicines were undertaken.
- 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.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- Systems were in place to ensure clinical staff could keep up to date with changes to guidelines. Staff had access to guidelines from NICE and local guidelines electronically. The information was used to deliver care and treatment to meet the needs of patients.
- The practice monitored compliance with guidelines through risk assessments and audits.

### 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 98.4% of the total number of points available. This was 4.7% above the CCG average and 3% above the national average.

The practice had an exception reporting rate within QOF of 7.1% which was 2% below the CCG average and 2.7% below the national average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- Performance for diabetes related indicators 98.3% which was 6.8% above the CCG average and 8.5% above the national average. The exception reporting rate for indicators related to diabetes was 7.4% which was below the CCG average of 9.9% and the national average of 11.6%.
- Performance for indicators related to hypertension was 100% which was 1.5% above the CCG average and 2.7%

above the national average. The exception reporting rate for hypertension related indicators was 4.3% which was marginally above the CCG average of 3.2% and the national average of 3.9%.

- Performance for mental health related indicators was 100% which was 7.8% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 12.79% which was in line with the CCG average of 14.6% and the national average of 11.3%.
- 97.1% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 10.2% above the CCG average and 13.4% above the national average. This exception reporting rate for this indicator was 5.4% which was below the CCG average of 8.4% and the national average of 6.8%.

Effective systems were operated within the practice to ensure patients whose conditions required regular review and monitoring were invited in to the practice. The practice invited patients to attend using letters and messages on prescriptions slips. Where patients did not make appointments for reviews, further letters were sent including a letter from the GP with more information and patients were contacted by telephone.

There was evidence of quality improvement including clinical audit.

- A range of audits had been undertaken in the last two years; with four audits having had a second cycle undertaken in 2015 or 2016 where improvements had been implemented and monitored. For example, the practice had undertaken audits to review their prescribing of metformin (a medicine used in the treatment of Type 2 diabetes) with a low eGFR (a measure of kidney function) to ensure compliance with NICE guidelines. Patients were identified for review and recalls were initiated for patients who required them; a re-audit demonstrated 100% compliance with guidelines.
- In addition a further audit was in the process of being repeated and the first cycle was currently being undertaken for a further two audits.
- The practice participated in local audits, benchmarking and peer review.



# Are services effective?

## (for example, treatment is effective)

- Medicines audits were undertaken with the support of the CCG medicines management team and we saw evidence of improvement work undertaken to reduce antibiotic prescribing after the practice had been identified as an outlier.

### Effective staffing

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

- Newly appointed staff were provided with inductions which covered the scope of their role. Induction programmes covered topics which included safeguarding, infection control, fire safety, health and safety and confidentiality.
- Role specific training and updates were facilitated for relevant members of staff. For example, staff reviewing patients with long-term conditions accessed training in areas including asthma and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- Appraisals, meetings and wider reviews of practice development needs were used to identify the learning needs of staff. Staff had access to training to meet their learning needs and cover the scope of their roles. This included support, meetings, coaching and mentoring and clinical supervision. Since the practice manager started with the practice they had introduced a new system of appraisals with a focus on undertaking high quality appraisals which were more thorough and well documented. A decision had been made to delay the appraisals for the nursing team due to an ongoing review of the nursing team staffing and structure; this was being undertaken by the advanced nurse practitioner and staff had received letters informing them about the review. The practice had an appraisal plan in place to ensure all appraisals were completed by March 2017.
- Staff attended an external mandatory training day on an annual basis which incorporated a range of training including equality and diversity, information governance, health and safety and safeguarding. This training was provided by the local community health

trust and was specific to staff working in a GP setting. Further training was provided at protected learning time events which included dementia awareness and learning disability awareness.

### Coordinating patient care and information sharing

Clinical staff had the access to the information they needed to plan and deliver care through the practice's computer system and through online support systems. This included care and risk assessments, care plans, medical records and investigation and test results. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice worked with community based health and social care professionals to ensure the needs of patients were understood and met and to plan ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. Meetings took place with the multidisciplinary team on a monthly basis and we saw evidence that care plans were routinely reviewed and updated for patients with complex needs.

Around 110 patients were identified as being at risk of admission to hospital and the practice sought to ensure these patients were managed proactively. The practice told us the Frail Older People Service (FOPS) work being done across the CCG had helped them to focus intensively on the patients requiring the most support. Data demonstrated that the practice's emergency admission rate for all patients over 65 had fallen by 18% and for all patients over 75 this had fallen by 13%. For patients with Ambulatory Care Sensitive (ACS) conditions, emergency admission rates had also reduced; for patients over 65 there had been a 71% reduction and for patients over 75 there had been an 80% reduction. (Ambulatory care sensitive (ACS) conditions are chronic conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions).

### Consent to care and treatment

- When providing care and treatment for patients, staff sought their consent in line with legislation and guidance.

# Are services effective?

## (for example, treatment is effective)

- Staff demonstrated an understanding of the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- Assessments of capacity were undertaken in line with guidance when providing care and treatment for children and young people.
- Where it was unclear if a patient had the capacity to provide contact to care or treatment, clinicians undertook assessments of capacity and recorded the outcome in the patient records.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted or referred to appropriate services as required.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 81%. The practice contacted patients who did not attend for their cervical screening tests by telephone and letter. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The uptake rate for bowel cancer screening was 59% which was comparable to the CCG average of 62% and the national average of 58%. The uptake rate for breast cancer screening was 76% which was above the CCG average of 74% and the national average of 72%.

Published data for 2015/16 demonstrated the practice had achieved the 90% in three of four indicators for childhood vaccinations up to the age of two; in the one area where the 90% standard had not been achieved the percentage of eligible patients vaccinated was 88.7%. Data for five year olds showed the practice was performing in line with local and national averages. Multiple letters were sent to patients who failed to attend for appointment and these patients were highlighted to the health visitor. The practice had identified childhood immunisations as an area they wanted to improve and was training a member of staff to have responsibility for overseeing this area and further improving their processes for following up patients who did not attend for appointments.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection, we observed that members of staff were courteous and helpful towards patients.

Measures were in place within the practice to maintain the privacy and dignity of patients. These included:

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

We received four completed comment cards as part of our inspection. All of the comment cards were positive about the level of service received from staff within the practice. Patients highlighted the responsive, caring nature of staff.

During the inspection we spoke with five patients including one members of the patient participation group (PPG). They told us they were happy with the care provided by the practice and felt their dignity and privacy was respected. Patients said they found staff polite and welcoming.

Results from the national GP patient survey showed the majority of patients felt they were treated with compassion, dignity and respect. The practice results were mixed compared to local and national averages for interactions with practice staff. For example:

- 78% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 72% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 74% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.

- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Following the publication of the GP patient survey results in July 2016, the practice had analysed the results and developed a comprehensive action plan to address areas identified for improvement. The practice discussed previously higher scores interactions with GPs and reflected on potential reasons for this:

- Loss of two GP partners and inability to recruit despite local, regional and national advertising
- Increasing workload for the remaining partners and the challenge of continuing to provide the same level of service over two sites
- Less continuity of care due to use of locums
- Additional challenges including financial and personal challenges and long term sickness of other members of staff

The action plan focussed on a number of areas which included:

- Closure of the branch surgery in order to consolidate services at the main surgery
- Recruitment of advanced nurse practitioner and longer term locum support
- To undertake an audit of the nursing team to review staffing strengths and ensure skills were being utilised efficiently
- Review of the appointment system
- Application for funding for support for vulnerable practices

The practice had made progress against all of their identified actions including obtaining agreement for the closure of the branch surgery and securing additional staffing resources on a longer term locum basis.

The practice values included commitments to being patient centred and demonstrating kindness and inspection. During our inspection we saw that there was a strong caring culture. We were told about examples of care

## Are services caring?

provided to treatment of patients who were in vulnerable circumstances; including support and coordination of care for patients with substance misuse problems and homeless patients.

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

Feedback from patients indicated that they felt involved in making decisions about their care and treatment. Patients indicated they felt listened to and supported by staff and were given sufficient time during consultations to make informed decisions about treatment options available to them. Care plans were personalised to meet the needs of individual patients.

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

- 73% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 68% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 82%.

These results had been considered as part of the practice's wider review of the national GP patient survey results and the practice hoped these areas would be improved following the implementation of their action plan.

Results for nursing staff were generally above local and national averages. For example:

- 91% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%.

Facilities were provided by the practice to help patients be involved in decisions about their care. For example:

- Staff told us that translation services were available for patients who did not have English as a first language. Some information was also displayed in the waiting area in alternative languages.
- Some information leaflets were available in easy read format and the practice could download other information as required.

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

A range of information including leaflets and posters were available in the waiting area which advised patients how to access local and national support groups and organisations. Information about support was also available on the practice website.

The practice was working to identify patients on their list who had caring responsibilities. There was a function on the practice's computer system which alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers which was equivalent to 1.5% of the practice list. A range of information was available to direct carers to the various avenues of support available to them. Carers were offered annual flu vaccinations and the practice sought to involve the carers of patients in their reviews. Staff had received training in supporting carers and the practice was taking part in the local Carers First award scheme; since September 2016, the practice had grown their carers register from 70 patients to 90 patients.

Staff told us that if families had experienced bereavement, their usual GP contacted them and offered to visit at a flexible time and location to meet the family's needs. Where required information and advice was provided on how to access support services.

# 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 change the way in which services were delivered. For example, in response to identified issues and challenges with delivering services over two sites and after discussion with NHS England and the CCG the practice had submitted a proposal to close their branch surgery. A full public consultation had been undertaken which involved patients of the practice and stakeholders. The proposal was accepted in November 2016 and a phased closure of the branch surgery was due to be completed by March 2017.

In addition:

- The practice opened until 8.15pm one evening per week to facilitate access for working age patients who found it difficult to attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for those who required them.
- A minor illness nursing service was provided which included the triaging of patients to assess their need to be seen in the practice.
- Minor surgery was offered within the practice which enabled patients to access services closer to home.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were facilities to meet the needs of patients with a disability including accessible toilets and dedicated accessible parking. The practice had undertaken an access audit in 2016 to ensure their premises were accessible for all groups of patients. Other features included a hearing loop, high-backed chairs in the waiting area and bariatric scales.
- A range of family planning services were offered to benefit patients including the insertion of coils and contraceptive implants.
- A phlebotomy service was provided from the practice and this included a home visiting service for patients who were housebound. The practice had a centrifuge

onsite (this enabled staff to spin down blood samples on site and maintained the integrity of blood samples) which meant they could offer evening appointments for blood tests.

- The practice had suggestion boxes for patients in the waiting area and information was displayed which outlined the actions which had been taken by the practice in response to comments received from patients.
- Anonymised feedback from the NHS Friends and Family Test was shared with patients in the waiting area.
- A range of services were hosted and provided by the practice to help meet the needs of patients; these included a monthly memory clinic, physiotherapy services, AAA (abdominal aortic aneurysm) screening and INR monitoring (international normalised ratio; a test used to measure the effects of warfarin).

### Access to the service

The practice was open between 8am and 6.30pm daily with the exception of Wednesday when the practice opened until 8.15pm. Appointments were from 9am to 11.30am each morning. Afternoon appointment times varied but usually were offered from 3pm to 5pm or from 4pm to 6pm. Additional patients were seen at the end of morning and afternoon surgery as required. Extended hours appointments were offered each Wednesday evening. In addition to pre-bookable appointments that could be booked up to four weeks in advance, half of all appointments were available to be booked on the day 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 mixed in comparison with local and national averages. For example:

- 67% of patients were satisfied with the practice's opening hours compared to the CG average of 78% and the national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 76% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.

# Are services responsive to people's needs?

## (for example, to feedback?)

- 98% of patients said the last appointment they got was convenient compared to the CCG average of 94% and the national average of 92%.
- 63% of patients usually got to see their preferred GP compared to the CCG average of 61% and the national average of 59%.

As part of their action plan in response to the national GP patient survey the practice had taken action in a number of areas which they hoped would improve their satisfaction scores in the areas where these were lower than local or national averages. This included recruitment of additional staffing resource and the closure of the branch surgery to enable the consolidation of staffing resources on one site.

People told us on the day of the inspection that they were able to get appointments when they needed them and this aligned with feedback from the comment cards.

### Listening and learning from concerns and complaints

The practice had system and processes in place to enable them to effectively handle concerns and respond to complaints.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

- There was a designated responsible person who handled all complaints in the practice. For the practice this was the senior GP partner who was supported by the practice manager.
- Information was available to help patients understand the complaints system which included leaflets and posters.
- Information was displayed within the practice to inform patients about the action taken in response to feedback.

We looked at a range of complaints received in the last 12 months and found that were responded to promptly and patients were provided with explanations and apologies where appropriate. Patients were told about actions taken to improve processes to prevent the same things from happening again. Learning points were identified from complaints and discussed with relevant staff in a timely manner. Complaints were reviewed on an ongoing basis and an annual review meeting was held to ensure themes or trends were identified. Action was taken to improve the quality of care being provided; for example, the practice had introduced new processes following a complaint about a delay in a patient being informed about their blood test results.



# 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 vision which centred on the delivery of high quality care and the promotion of good outcomes for patients.

- The values of the practice including being patient centred; honesty and integrity; aspiring to high quality and being open and transparent.
- Staff knew and understood the values of the practice and were committed to providing high quality care for their patients.
- The practice had developed a comprehensive action plan in 2014/15; whilst significant progress had been made in a wide range of areas, some areas of this had been put on hold due to challenges being faced by the practice. Challenges the practice had included the sudden death of a partner and the retirement of the senior partner in addition to sickness absence.
- Improvements made to date included areas such as the implementation of a recall system, the expansion of family planning services offered, improved usage of intranet, the implementation of a new process for appraisals and improvements to health and safety arrangements.
- A comprehensive action plan had been implemented by the practice in 2016 following the results of the national GP patient survey published in July 2016. Areas identified for improvement included recruitment, the consolidation of services to a single site and a review of the nursing team. Significant progress had been made by the practice against identified actions.
- During our inspection the practice told us their current focus was to ensure the stability of the practice and hoped the closure of the branch surgery would assist in the achievement of this.
- Plans were in place for the substantial development of new housing in the area and the practice was aiming to ensure they would be in a position to increase their list size.

### Governance arrangements

A governance framework was in place which supported the practice to delivery good quality care. This outlined the structures and procedures in place and ensured that:

- A clear staffing structure was in place and this was displayed widely around the practice. The structure chart outlined the roles and responsibilities of members of staff and staff were aware of their own roles and responsibilities.
- Practice specific policies were in place and were accessible to all staff. Policies and procedures were accessible electronically and were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained. The practice regularly reviewed benchmarking and performance data and used this to drive improvement.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements to service provision. For example, the practice was in the process of undertaking a comprehensive review of their nursing service provision; the involved evaluations of the service currently being provided and ensuring the skills of staff were being effectively utilised.
- Arrangements were operated effectively to ensure that risks were identified, recorded and managed and mitigating actions were implemented.

### Leadership and culture

During our inspection the partners and the practice manager demonstrated they had the experience and capability to run the practice and to ensure high quality care. They told us there was a focus within the practice on the prioritisation of safe, high quality and compassionate care. Staff told us the partners and the practice manager were approachable and took the time to listen to the views of all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners and the practice manager encouraged a culture of openness and honesty. When things went wrong with treatment, affected people were offered support, information and apologies. The practice kept written records of verbal interactions as well as written correspondence.

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

# Are services well-led?

Good 

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

- We saw that a range of meetings were held within the practice including partnership/business meetings, nursing meetings and wider staff meetings. Meetings were minuted and the minutes were accessible to staff. Meetings had not been held as frequently recently due to staffing shortages but the practice had been working on improving this. For example, although regular clinical discussions and meetings were held these tended to ad hoc and informal due to the split site working; the practice told us they planned to hold regular formal clinical meetings following the closure of the branch site.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or during general discussions. The practice had regular protected learning sessions.
- Feedback from staff indicated that they felt respected, valued and supported by the partners and the practice manager. Staff were involved in discussions about how to run and develop the practice and staff were encouraged to identify ways in which the service could be improved.
- The practice had introduced a staff newsletter in 2016 to help ensure effective communication with staff working across two sites and for those who were part time. The newsletter covered a range of topics including reminders on process, vaccination programme information and social events. The staff newsletter was also used to communicate the staff survey results to the staff team including areas identified for improvement.
- The practice had had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The practice also invited comments from patients through a suggestion box in the waiting area and informed them about actions taken as a result.
- The PPG was active, holding regular meetings and suggesting improvements to the partners and the practice management team.
- Working with their PPG the practice had been involved in some community events in the local area in 2015 including an event in November 2015 called 'Health around the Heath' alongside charities and community organisations to promote health in the area. The practice and the PPG were hoping to repeat this event in 2017. Feedback from the PPG was positive about the practice who told us they were open and honest with the group.
- The PPG supported the practice in working to make improvements as identified in the action plan. The PPG and the practice worked together to support the local community and supported the village's entry to the 'Britain in Bloom' competition in 2016 through a display in the entrance area which incorporated a focus on healthy eating.
- A patient newsletter was produced on a regular basis and was available for patients in the waiting area. The covered a range of topics including staffing, opening hours and vaccinations.
- The practice gathered feedback from staff through staff protected learning events and generally through meetings, appraisals and discussions. 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.

## 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.