

# Grosvenor Place Surgery

## Quality Report

26 Grosvenor Place

Bath

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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?

Requires improvement



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

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

- The provider was aware of and complied with the requirements of the duty of candour.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However there was no documented evidence that lessons were shared widely enough to support improvement.
- Risks to patients were assessed and well managed, with the exception of fire safety and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

The areas where the provider must make improvements are:

- Ensure a fire risk assessment has been undertaken and a log kept of routine checks done.
- Ensure water temperatures are checked in line with their legionella risk assessment.

# Summary of findings

- Ensure processes are put into place to maintain confidentiality of personal patient information.

The areas where the provider should make improvements are:

- To ensure lessons learnt from significant events are documented and shared widely enough to support improvement in quality of care and thorough analysis to identify themes.

- The practice should improve the identification of patients who are also carers.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services

Requires improvement



- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- There was an effective system in place for reporting and recording significant events. However there was no documented evidence that lessons were shared widely enough to support
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- Processes for ensuring personal patient information on the practice computer system was kept safe were not robust as we saw that when computers were left unattended staff members did not always remove login cards.
- The practice did not have a fire risk assessment and did not have a log of checks undertaken.
- The water checks recommended in the practices Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had not been undertaken by the practice.

### 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.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice was proactive in ensuring patients had appropriate knowledge that would facilitate shared decision making regarding their health.
- The practice was proactive in motivating patients to self manage conditions, in particular managing long term pain and fatigue.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for aspects of care.
- We observed a strong patient-centred culture.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment and comments from the patient feedback cards supported this.
- Information for patients about the services available was easy to understand and accessible.
- The practice had identified 23 patients as carers (0.76% of the practice list) which was below local and national averages.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff 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. Collaboration with the CCG and secondary care colleagues had led to the production of Map of Medicine local pathways for chronic obstructive pulmonary disease (a chronic lung condition) as well as safeguarding.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

Good



# Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients, for example offering evening appointments for working people rather than Saturday morning surgeries.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. We were told that the practice operated an open door policy and every staff member had a voice and was involved in decision making.
- The practice had a number of policies and procedures to govern activity.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of fire safety and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings)
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged elderly frail patients to involve their family/carers in their consultations to enable them to hear the clinical discussions and understand the choices available which would help them to support their loved ones.
- The practice were proactive in ensuring patients had appropriate knowledge that would facilitate shared decision making regarding their health. Care plans were agreed in discussion with patients and relatives.
- The practice held multi-disciplinary team every three weeks to review the care of the frailest patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (04/2014 to 03/2015) was 96% which was higher than the local average of 92% and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a robust system for patient recall in place for patients who required regular blood monitoring or review of a long term condition.

Good



# Summary of findings

- The practice offered additional appointments for respiratory patients during the winter months when cold weather could have adverse effect on this cohort of patients

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, compared to the local to the CCG average of 84% and the national average of 82%. The practice had followed up patients, to ensure they understood the benefits of the screening and immunisation programmes and that patients had made their choices through informed decision making. Notice boards within the practice, practice newsletters and the practice website had all been utilised to encourage patients to attend for screening.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Liaison with the local schools ensured young people were aware of and how to access advice and care in relation to sexual health. The practice was a member of The Young Persons Health association. This enabled the practice to access the most up to date information leaflets and advice for communicating effectively with young people.
- The practice delivered training to reception staff in appropriate management of young patients who were requesting sexual health advice

Good



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

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

Good





# Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Extended hours surgeries and telephone consultations were offered by the practice in order to optimised access to health care advice by the working population.

## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

Good



## 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 percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94% compared to a local average of 93% and a national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. For example, a patient with mental health issues had been inappropriately utilising emergency and urgent care services. The practice ensured all agencies were aware of the patient's problems and met to

Good



# Summary of findings

discuss ways in which the patient could be best supported. As a result of this collaborative approach, attendances at urgent care had been reduced from 8 for the year 2015-2106 to three for the first six months of 2016.

- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practice hosted talking therapists in the practice twice weekly.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

- The national GP patient survey results were published in January 2016. The results showed the practice was performing above local and national averages. Of the 263 survey forms that were distributed 115 were returned. This represented a 44% response rate compared to a national average of 38% and 4% of the practice population.
- 97% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the clinical commissioning group (CCG) average of 86% and a national average of 76%.
- 99% of patients described the overall experience of this GP practice as good compared to the clinical commissioning group (CCG) average of 92% and a national average of 85%.

- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the clinical commissioning group (CCG) average of 90% and a national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 40 comment cards of which 35 were all positive about the standard of care received. The remaining five comment cards contained positive comments as well as suggestions for improvements. There were no common themes within the suggestions for improvement. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. And that everyone smiles and listens.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring and always gave them enough time in appointments.

## Areas for improvement

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

- Ensure a fire risk assessment has been undertaken and a log kept of routine checks done.
- Ensure water temperatures are checked in line with their Legionella risk assessment.
- Ensure processes are put into place to maintain confidentiality of personal patient information.

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

- To ensure lessons learnt from significant events are documented and shared widely enough to support improvement in quality of care and thorough analysis to identify themes.
- The practice should improve the identification of patients who are also carers.

# Grosvenor Place Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included an assistant CQC Inspector and a GP specialist adviser.

### Background to Grosvenor Place Surgery

Grosvenor Place Surgery is located close to the city centre of Bath with good transport links. The practice has a slightly higher than average patient population in the age groups 25 to 55 years and 65 to 70 years. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 3,000 registered patients. The area the practice serves has relatively low numbers of patients from different cultural backgrounds and is in the lowest range for deprivation nationally.

The practice is managed by two female GP partners and supported by one female salaried GP, as well as two practice nurses and a nurse who is seconded from the community team to provide one clinic a week. The administrative team is led by the practice manager.

The practice is open between 8am and 6.30pm Monday to Friday. Telephone lines are open between 8am and 6pm and the doors are open from 8.30am to 6.30pm. Appointments are available from 9am to 12pm every morning and from 3pm to 6pm every afternoon. Extended surgery hours were offered on variable days on Monday to Thursdays from 6.30pm to 7.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

When the practice is closed patients are advised, via the practice website and an answerphone message, to ring the NHS on 111 for advice and guidance. Out of hours services are provided by Bath and North East Somerset Doctors urgent care (BDUC).

The practice has a Primary Medical Services contract to deliver health care services; the contract includes enhanced services such as minor surgery and childhood vaccines. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

Grosvenor Place Surgery is registered to provide services from the following location:

26 Grosvenor Place

Bath

BA1 6BA

This inspection is part of the CQC comprehensive inspection programme and is the first inspection of Grosvenor Place Surgery.

### Why we carried out this inspection

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

# 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 23 June 2016. During our visit we:

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

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

- Is it safe?
- Is it effective?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. Although evidence was seen of actions taken and we were told that these were discussed at practice meetings, there was no documented evidence that lessons were shared widely enough to support improvement or that a thorough analysis of significant events or complaints received to identify themes had taken place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient who registered for online services had the same name as another patient and was given access to the wrong account. Under the duty of Candour policy, the Practice Manager called the patient whose record had been incorrectly given to the wrong person to explain what had happened and apologise. The reception team were retrained regarding the rules of the online services policy to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and the nurses to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits, for example hand washing audits, were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- There were procedures in place for managing confidential information. However we saw on the day of the inspection that the processes for ensuring

## Are services safe?

information on the practices computer system was kept safe were not robust as we saw that when computers were left unattended staff members did not always remove NHS login cards.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice did not have a fire risk assessment and did not have a log of checks undertaken. We were told on the day of the inspection that a fire risk assessment had been booked for the following week. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. However the risk assessment relating to legionella that was undertaken by the practice in 2011 (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) stated that hot water temperature checks should be performed annually and cold water checks six monthly, neither of which had been done by the practice. We received evidence post-inspection that the practice had arranged for a new legionella risk assessment to be carried out and that the water checks had been reinstated.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. Updates in national guidelines were shared at clinical meetings.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, that appropriate monitoring had been undertaken for patients on high risk medicines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. The practice's exception rating was 8% which was lower than both the local and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

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

- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 94% compared to a local average of 82% and a national average of 78%.
- Performance for mental health related indicators was better than the local and national average. The percentage of patients with a serious mental illness who

have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 96% compared to a local average of 92% and a national average of 88%.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- The practice conducted audits to ensure they were delivering high quality of care to their patients. For example, a recent audit to identify infection rates following minor surgery, demonstrated that no patients suffered post-operative infections and as such it was not necessary to make changes to their practice.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Both nurses had received training to diploma level in chronic disease management. We saw evidence that regular updates were also undertaken.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- **Coordinating patient care and information sharing**
  - 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.
  - The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
  - Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals where care plans were routinely reviewed and updated for patients with complex needs. For example a patient with mental health issues had been inappropriately utilising emergency and urgent care services. The practice ensured all agencies were aware of the patient's problems and met to discuss ways in which the patient could be best supported. As a result of this collaborative approach, attendances at urgent care had been reduced from 8 for the year 2015-2106 to three for the first six months of 2016.
- **Consent to care and treatment**
  - Staff sought patients' consent to care and treatment in line with legislation and guidance.
  - Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
  - When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and patients were signposted to the relevant service.
- Smoking cessation advice was available within the practice.
- Talking Therapies was provided weekly at the practice.
- The practice were proactive in ensuring patients had appropriate knowledge that would facilitate shared decision making regarding their health. Self-management plans were discussed and agreed with patients who attend for chronic disease management. Care plans were agreed with relatives of frail elderly patients and those suffering with dementia.
- The practice was proactive in motivating patients to self-manage conditions, in particular managing long term pain and fatigue.

The practice's uptake for the cervical screening programme was 79%, compared to the local to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice also encouraged its patients to attend national screening programmes. For bowel cancer, 59% of eligible patients had been screened

## Are services effective? (for example, treatment is effective)

compared to local average 61% and the national average of 58%. For breast cancer, 71% of the eligible patients had received screening compared to a CCG average of 75% and a national average of 72%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 93%, compared to a local average of 83% to 98% and five year olds from 89% to 97% compared to the local average of 92% to 97%.

The practice had identified a cohort of patients who had chosen not to participate in cancer screening and child

immunisations programmes but instead to manage their health with alternative therapies. The practice had followed these patients up, to ensure they understood the benefits of the screening and immunisation programmes and those patients had made their choices through informed decision making.

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

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 40 patient Care Quality Commission comment cards we received 35 were positive about the service experienced. The remaining five comment cards contained positive comments as well as suggestions for improvements. There were no common themes within the suggestions for improvement. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 95% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 91%.
- 99% of patients said they found the receptionists at the practice helpful compared to the CCG average of 93% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.

The practice provided evidence of benchmarking against other CCG practices. This showed that the practice had attained the highest results in the CCG, in many of the GP survey categories.

The practice provided facilities to help patients be involved in decisions about their care:

- Staff told us that translation services were available for patients who did not have English as a first language.

## Are services caring?

- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 23 patients as

carers (0.76% of the practice list). This was below local and national averages. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Collaboration with the CCG and secondary care colleagues had led to the production of Map of Medicine local pathways for chronic obstructive pulmonary disease (a chronic lung condition) as well as safeguarding.

- The practice offered extended hours surgeries for working patients who could not attend on Monday to Thursdays from 6.30pm to 7.30pm.
- There were longer appointments available for patients with a learning disability.
- 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.
- The practice had decided to offer 15 minute routine appoints. This enabled more time to be spent with patients who need it, to help them fully understand how they might be able to help themselves manage their conditions.
- Telephone consultations were also offered. Requests for these had increased over time and were often matching the number of face to face appointments completed by the GPs. This demonstrated that the practice were tailoring their services to meet the needs of individuals.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice adopted a multi-disciplinary approach to diabetes and ran a morning clinic at least once a quarter to which practice invited the diabetes eye screening team. When patients attended for eye screening they also received a full review from the practice nurse diabetes lead and the GP in order that they could have

all aspects of their diabetes care reviewed at the same time. These sessions also provided opportunity to encourage the uptake of diabetes education programmes available.

- The practice offered additional appointments for patients with respiratory conditions during the winter months when the cold weather could have adverse effect on this cohort of patients.
- The practice were proactive in ensuring they met the needs of young people. Liaison with the local schools ensured young people were aware of and how to access advice and care in relation to sexual health. In addition to the GPs, a practice nurse was qualified and experienced in sexual health. The practice was a member of The Young Persons Health association, which enabled the practice to access the most up to date information leaflets and advice for communicating effectively with young people. The practice delivered training to reception staff in appropriate management of young patients who were requesting sexual health advice.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments on a Monday to Friday were from 9am to 12pm every morning and 3pm until 6pm every afternoon. In addition to pre-bookable appointments that could be booked up to six 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 comparable to local and national averages.

- 88% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 85% and the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the clinical commissioning group (CCG) of 91% and the national average of 73%.

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

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and the urgency of the need for medical attention. All patients requesting a home visit were called within 30 minutes of the request to assess the urgency of the response required.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system on the practice website and notices in the practice.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint that the most appropriate treatment had not been delivered, the practice audited all patients who had presented with similar symptoms to ensure that these patients had been managed appropriately. Learning points in relation to the condition had been shared within the practice.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. All practice staff were involved in developing the practice's values and the suggestion made by a receptionist "We aspire to care and create wellbeing" had been adopted by the practice as their mission statement.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However there was no documented evidence that lessons from significant events were shared widely enough to support improvement or that a thorough analysis of significant events and complaints received to identify themes had taken place.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions, with the exception of fire safety and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. For example, when a patient was given online access to the wrong patient of the same name, the practice ensured that the patient whose records had been accessed was informed and apologised to.
- 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.

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. We were told that the practice operated an open door policy and every staff member had a voice and was involved in decision making.

### 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.

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- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice was asked to produce a practice newsletter three times a year, which the practice were happy to implement.
- Following feedback from patient's, appointment times had been audited and adjusted in line with requests. For example extended hours were provided during the evening rather than on Saturday mornings.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and

management. For example the practice nurse had requested 30 minute appointments for reviewing chronic diseases, which the management team implemented. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice recognised that funding for a social worker to support and attend multi-disciplinary meetings would facilitate integrated care for the frail elderly. A proposal had been developed and submitted to the Kings Fund Innovation in older peoples care.



This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Without limiting paragraph (1), the things which a registered person must do to comply with that paragraph include:</p> <p>Assess, monitor and improve the quality and safety of the services provided in the carrying on of a regulated activity ( including the quality of the experience of service users in receiving those services)</p> <p><b>How the regulation was not being met:</b></p> <p>The registered person did not do all that was reasonably practicable to assess, monitor, manage and mitigate risks to the health and safety of service users in relation to:</p> <p>The practice did not have a fire risk assessment and a log of checks that had taken place.</p> <p>Water temperature checks recommended in the practices Legionella risk assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) had not been undertaken by the practice.</p> <p>Processes for ensuring patient information on the practices computer system was kept safe, was not robust as NHS login cards for computers were not removed when left unattended.</p> <p>This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>