

# Hook Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

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

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

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events; however, some examples of records that we saw lacked detail about the action taken by the practice.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance; however, their process for reviewing hospital letters did not in all cases enable information to be reviewed by GPs in a timely way.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment; however, there were some staff who had not received refresher training within the guideline period.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Comments from patients about the availability of appointments were mixed, with some saying that they had difficulty getting an appointment when they needed one.
- 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.

# Summary of findings

The areas where the provider must make improvement are:

- Review prescribing of high risk medicines including Warfarin to ensure that it is in line with guidance for safe prescribing and that safeguards are in place to prevent patients from taking an incorrect dose.
- They must review their monitoring of blank prescription pads to ensure that all those used can be accounted for. They must review their arrangements for checking that patients are collecting their prescriptions.
- They must review their prescribing procedure to include reference to the remit of the independent nurse practitioner.
- They must review their arrangements for processing hospital letters to ensure that all letters are seen by a clinician.
- They must ensure that the temperature of the vaccines refrigerator is recorded on every day that the practice is open, and that a record is kept of the action taken on occasions when the temperature goes outside of the guideline range.

In addition, the provider should make improvements in the following areas:

- They should ensure that their records of significant events include full details of the event and the action taken by the practice.
- They should ensure that all staff attend mandatory training sessions within the guideline timeframes.
- They should review how they involve patients and seek patients opinions of the services provided including developing the Patient Participation Group .
- They should ensure that they are maintaining processes to identify when staff training is due.
- They should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

**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**



- There was a system in place for reporting and recording significant events; however, some examples we saw lacked detail regarding the action taken by the practice.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- 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.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Overall, risks to patients were assessed and well managed; however, the practice did not have adequate safety procedures in place in relation to the prescribing of high-risk medicines.

### 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 were carried-out as required by the Clinical Commissioning Group, but did not always show quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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 higher than others for several aspects of care.

# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they had been working with a local care home for patients with dementia and liaising between the care home and the local community healthcare team to avoid unnecessary hospital admissions.
- Some patients said that they had difficulty getting an appointment when they needed one; however, we observed that urgent appointments were available the same day for patients who needed them and that the length of wait for a pre-bookable appointment was reasonable. The practice offered extended hours appointments for both GPs and nursing staff, including Saturday morning appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## 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. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care.

Good



## Summary of findings

- 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 in the process of becoming established.

# 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.
- They were working with the local service which offered advice, support and socialising opportunities to elderly people, and were in the process of arranging for the practice to provide funding to support their patients to access Staywell's services, for example, by paying the transport costs for those patients who could not afford them.

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 nurse practitioner held an advanced qualification in diabetes care, and was the practice's diabetes lead.
- Performance for diabetes related indicators were comparable to local and national averages. Overall the practice achieved 99% of the total QOF points available, compared with an average of 96% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 88%, which was above the Clinical Commissioning Group (CCG) average of 80% and national average of 78%; and the proportion of diabetic patients with well controlled blood glucose level in the preceding 12 months was 78%, compared to a CCG average of 80% and national average of 78%. We saw evidence that these patients received the necessary checks and interventions in order for them to keep healthy, such as foot checks and flu immunisations.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## 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 Accident and Emergency (A&E) attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff at the practice told us that the practice had a policy of providing all children under 16 years of age with a same day appointment; however, some patients we spoke to were not aware of this policy.
- Cervical screening had been carried-out for 84% of women registered at the practice aged 25-64, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and national average of 82%.
- 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 and health visitors.

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).

- 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 appointments were available with both GPs and nurses.
- 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.
- The practice provided a full range of family planning services, including contraceptive implants and coil fitting.
- The practice sent appointment reminders and health promotion information by text message.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, carers 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.

## 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).

Good



- The practice had 33 patients diagnosed with dementia and 97% had had their care reviewed in a face to face meeting in the last 12 months, which was better than the Clinical Commissioning Group (CCG) average of 83% and national average of 84%.
- The practice had 42 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 92% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 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 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. They provided a service to

# Summary of findings

residents of a nearby care home for people with dementia and were working closely with them to encourage a co-ordinated approach to care, involving community nursing and palliative care teams.

# 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 in line with local and national averages. Three hundred and twenty five survey forms were distributed and 117 were returned. This represented approximately 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 69% and national average of 73%.
- 73% 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 68% and national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.

- 79% 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 76% and 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 six cards which were all positive about the standard of care received. Patients commented that staff were friendly and caring and that clinical staff gave them enough time to discuss all of their concerns.

We spoke with seven patients during the inspection. Overall, patients said they were satisfied with the care they received and thought staff were approachable, committed and caring; however, some patients said that it could be difficult to get through to the practice by phone, and that they often had to wait up to 30 minutes after their appointment time.

# Hook Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and two additional CQC inspectors.

### Background to Hook Surgery

Hook Surgery provides primary medical services in Chessington to approximately 6000 patients and is one of 26 practices in Kingston Clinical Commissioning Group (CCG).

The practice population is in the second least deprived decile in England. The proportion of children registered at the practice who live in income deprived households is 16%, which is higher than the CCG average of 12%, and for older people the practice value is 11%, which is lower than the CCG average of 13%. The age distribution of patients registered at the practice is in line with the CCG average. Of patients registered with the practice, the largest group by ethnicity are white (84%), followed by asian (9%), mixed (3%), black (2%) and other non-white ethnic groups (2%).

The practice operates from a two-storey purpose-built premises which is shared with another practice. Free car parking is available in the premises carpark. The reception desk, waiting area, consultation rooms and administrative area are on the ground floor, and meeting rooms are situated on the first floor, which is accessible by both a lift and stairs. The practice has access to three doctors' consultation rooms, one nurse practitioner's consultation room, one nurse consultation room, and one healthcare assistant consultation room/treatment room.

The practice team at the surgery is made up of one full time female GP and one full time male GP who are partners, one full time male salaried GP and one part time female salaried GP; in total 26 GP sessions are available per week. In addition, the practice also has one part time female independent nurse practitioner, one part time female nurse and one part time female healthcare assistant. The practice team also consists of a practice manager, assistant practice manager, four receptionists, a secretary and an apprentice.

The practice operates under a General Medical Services (GMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice's standard opening times are between 8am and 6:30pm Monday to Friday. Extended hours general surgeries are offered with GPs between 6:30pm and 7pm on Mondays and between 8:30am and 10:30am on alternate Saturdays; a GP-led sexual health clinic is run between 6:30pm and 7:30pm on Thursdays. Extended hours nursing clinics are available between 7:30am and 8am on Wednesdays with the Nurse Practitioner, and between 6:30pm and 7pm on Thursdays with the Healthcare Assistant.

When the practice is closed patients are directed to contact the local out of hours service.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services; family planning services; maternity and midwifery services; treatment of disease, disorder or injury and surgical procedures.

# Detailed findings

## 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.

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nursing staff and administrative staff, and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed 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 a system in place for reporting and recording significant events; however, significant events were not always recorded in sufficient detail. For example, one record we viewed related to an incident where the vaccine fridge had been accidentally switched off; the record included details of how the incident happened and the action taken, such as the fitting of a guard over the switch to prevent the same thing happening again; however, there was no record of the practice having contacted the manufacturer of the medicine in the fridge to find out whether they were still safe to use, and subsequently having the medicines destroyed, which is what we were told happened by staff who were involved.

- 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.
- The practice carried out a thorough analysis of the significant events.

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, one of the receptionists had noticed that prescriptions for controlled drugs were frequently going missing. The process for handling these prescriptions was analysed and it became apparent that these were being mistakenly destroyed along with the additional sheets that were automatically printed when these prescriptions were produced. This was shared with all staff and the system was changed, and as a result no further prescriptions had gone missing.

### 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 3, nurses were trained to level 2, and non-clinical staff were trained to level 1.
- 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. The practice was in the process of carrying-out Disclosure and Barring Service (DBS) checks on these staff members; however, the practice had a records of DBS checks carried-out by previous employers for all staff who acted as chaperones (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 most staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Overall, there were adequate arrangements for managing medicines, including emergency medicines

## Are services safe?

and vaccines, in the practice (including obtaining, recording, handling, storing, security and disposal) to keep patients safe. However, the arrangements for prescribing medicines were not robust.

The practice's process for repeat prescribing of Warfarin was not sufficiently robust to keep patients safe. The practice's process was to take blood samples of patients taking Warfarin and send the sample along with the patient's log book to the local hospital. The hospital would test the blood and return the log book directly to the patient with a record of the Warfarin dose they should take. The practice would bulk-prescribe Warfarin to patients in 1mg and 3mg tablets with instructions that the patient should take the dose advised by the hospital. This process carried risks that patients could take the wrong dose of this medicine because their prescription did not state the dose that they should be taking. This was a particularly unsafe system for vulnerable people who were unable to calculate the dose they should take. Repeat prescriptions, including those for high-risk medicines, such as Warfarin, and controlled drugs, were being issued by both the GPs and the nurse practitioner; however, the role and remit of the nurse practitioner was not made clear in the practice's repeat prescribing procedure.

We raised our concerns about the safety of the prescribing process with the practice during the inspection and the practice said that they would raise the issue with the Clinical Commissioning Group (CCG) medicines management team.

Blank prescription forms and pads were securely stored but there was no system in place to monitor their use. We also observed a large stock of pads in the names of GPs who no longer worked at the practice. We raised this with the practice, and were assured that these would be returned to NHS England.

On the day of the inspection we found examples of prescriptions which had not been collected by patients, including a prescription for a child and some prescriptions for high risk medicines. Some of these prescriptions had been issued several months previously.

We checked the temperature log for the vaccine refrigerators and noted that there were some days where

no temperature had been recorded. We also noted some occasions where the temperature was outside of the optimal range, but no record had been made of the action that had been taken as a result.

One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for all but a limited group of patients. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)

- There was a process in place for reviewing letters received by the practice, but this was not robust. We were informed that a member of administrative staff opened letters and made a judgement about whether each letter should be either passed to a GP to review, or scanned and saved to the relevant patient's (which would result in it not being seen by a GP until the patient attended for an appointment or made a repeat prescription request). This process was not safe, as it relied too heavily on the judgement of a member of staff who was not clinically trained to determine whether an issue needed urgent review by a GP, and therefore carried the risk that significant information could be overlooked.
- We reviewed five personnel files and found that in most cases the practice had kept records to show that appropriate recruitment checks had been undertaken prior to employment; for example, proof of identification, references, qualifications and registration with the appropriate professional body.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place

## Are services safe?

to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure 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; however, we noted that some masks were not individually wrapped and some were out of date. The practice disposed of these immediately following the inspection, and added the checking of expiry dates of disposable equipment to the healthcare assistant's equipment checklist. 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.
- The practice monitored that these guidelines were followed through 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 recent published results were 99% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 96% and national average of 95%. The practice's overall clinical exception rate was 7%, which was below the CCG average of 10% and national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were comparable to local and national averages. Overall the practice achieved 99% of the total QOF points available, compared with an average of 96% locally and 89% nationally. The proportion of diabetic patients who had a record of well controlled blood pressure in the preceding 12 months was 88%, which was above the CCG average of 80% and national average of 78%; and the proportion of diabetic patients with well controlled blood glucose level in the preceding 12 months was 78%, compared to a CCG average of 80% and national average of 78%. The proportion of diabetic patients with a record of a foot examination and risk classification in

the preceding 12 months was 96% (CCG and national average 88%), and the percentage of diabetic patients who had received influenza immunisation was 98% (CCG average was 96% and national average was 94%).

- Performance for mental health related indicators were better than CCG and national averages. The practice had 33 patients diagnosed with dementia and 97% had had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 83% and national average of 84%. The practice had 42 patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses, and had recorded a comprehensive care plan for 97% of these patients, compared to a CCG average of 92% and 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. All of these were CCG initiated audits aimed at monitoring adherence to NICE guidelines. All of the audits undertaken included both an initial audit and a re-audit.
- Some of the audits undertaken demonstrated significant improvements in adherence to guidelines; for example, the asthma audit showed that the proportion of patients with asthma with a personalised care plan had increased from 39% at the initial audit in December 2014, to 76% by the end of the second audit cycle in March 2016. However, there were other areas within this audit where initial improvements identified at the end of the first audit cycle were not maintained during the second cycle period.

### 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 administrative staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. It also outlined a skills and knowledge development programme for each member of staff.
- In most cases, 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. However, we noted that one

# Are services effective?

## (for example, treatment is effective)

member of staff who carried-out some phlebotomy work had not received update training since they initially completed their phlebotomy training approximately 14 years ago.

- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Most staff had received training that included: safeguarding, fire safety awareness, basic life support and information governance. The practice had a staff training matrix; however, this had not been kept up to date. 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 on a weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

The practice had a process in place to ensure that patients referred to hospital with suspected cancer under the two week wait rule received an appointment. They explained that these referrals were sent by email and a "read receipt" was obtained, and that patients were told that they should contact the practice if they had not received notification of an appointment within a week of the referral being made. We were told that a member of staff also followed-up on the referrals to check that they had been actioned by the hospital.

### 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.

### 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. Patients were signposted to the relevant service; for example, the practice was working closely with the local service for supporting older people to improve access to the service for their elderly patients.
- The healthcare assistant provided smoking cessation advice.

The practice's uptake for the cervical screening programme was 84%, which was comparable to the Clinical Commissioning Group (CCG) and national average of 82%, and a higher proportion of these patient than average attended for screening within the target period. The practice encouraged uptake of the screening programme by ensuring that a female sample taker was available. The

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

practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Their uptake for these tests was comparable to CCG and national averages.

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.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood

immunisation rates for the vaccinations given to under two year olds ranged from 84% to 98% (CCG averages ranged from 82% to 94%) and five year olds from 90% to 99% (CCG averages ranged from 84% to 95%).

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 helpful to patients and treated them with dignity and respect.

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

All of the six patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group (PPG) and seven patients. 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:

- 90% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 88% and national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 95% of patients said they had confidence and trust in the last GP they saw which was the same as the CCG and national average.
- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 82% and national average of 85%.

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

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and the national average of 86%.
- 82% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 85%.

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, but this was not advertised to patients in the reception area.
- An information area off of the reception area was available for patients, which contained leaflets and posters relating to a large number of conditions and services.

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

## Are services caring?

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 13 patients as carers, which represented less than 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

The practice did not appear to have a consistent approach to supporting families that had suffered bereavement. We were told that in some cases where the practice had been working closely with the family, their usual GP contacted them or sent them a letter, but this did not happen in all cases.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, they had been working with a local care home for patients with dementia and liaising between the care home and the local community healthcare team to avoid unnecessary hospital admissions.

- The practice offered a 'Commuter's Clinic' for both GP and nurse appointments, including appointments on Saturday mornings. A weekly evening sexual health clinic was also provided.
- 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; however, some patients said that these appointments were difficult to access. We were told by the practice that they had a policy of providing same-day appointments for all children aged under 16, and all staff we spoke to were aware of this; however, some patients we spoke to were not aware of this policy.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. The practice was a licenced yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- They were working with the local service which offered advice, support and socialising opportunities to elderly people, and were in the process of arranging for the practice to provide funding to support their patients to access their services, for example, by paying the transport costs for those patient who could not afford them.

### Access to the service

The practice's standard opening times were between 8am and 6:30pm Monday to Friday. Extended hours general surgeries were offered with GPs between 6:30pm and 7pm

on Mondays and between 8:30am and 10:30am on alternate Saturdays; and a GP-led sexual health clinic was run between 6:30pm and 7:30pm on Thursdays. Extended hours nursing clinics were available between 7:30am and 8am on Wednesdays with the Nurse Practitioner, and between 6:30pm and 7pm on Thursdays with the Healthcare Assistant.

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.

- 81% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 75% and national average of 78%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and national average of 73%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them, but that they sometimes had to phone the practice on several occasions in order to get an appointment. Some of the patients we spoke to said that there could be a long wait to be called in for an appointment after their appointment time, and that they were not kept informed of the length of the delay.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

When a home visit was requested, reception staff placed a note on the "home visits" screen of the appointments system. The duty doctor then reviewed the request and contacted the patient to determine whether a home visit was necessary and whether it should be carried-out by one of the practice GPs. 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, a rapid response service was available. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

- 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, for example, a poster and leaflets were available in the waiting area.

The practice had received seven complaints in the last 12 months and we looked at one in detail. We found that the complaint had been thoroughly investigated and responded to in a timely way, with openness and transparency.

We saw examples of lessons being learnt from concerns and complaints. For example, one complaint was from a

patient who had received a letter relating to a new diagnosis. The letter had been sent because the GP had been unable to contact the patient by telephone and had not wanted to leave details of the diagnosis on a telephone answerphone message; however, the patient had complained that the letter had caused them concern, as the information provided had not adequately explained the implications of the diagnosis. As a result of the complaint, the practice had decided that in future, if they were unable to contact a patient by telephone, they would leave an answerphone message asking the patient to contact the practice, as this would allow them to deliver and explain information directly, and answer any questions that the patient may have.



# 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 did not have a formalised written mission statement; however, staff we spoke to could describe and were committed to the practice's ethos of providing a high quality and caring service to patients.
- The practice did not have a written business plan; however, the partners were able to explain their vision for the future of the practice and demonstrated that they had plans in place to deliver this.

### 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.
- The practice carried-out audits when required by the CCG, and there was some evidence that these were used to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- However, there was evidence that day to day workflow processes were not robust. For example those relating to prescribing processes and systems for managing letters and urgent referrals.
- Arrangements for monitoring staff training were not fully effective; a number of staff required mandatory refresher training.

### 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.
- 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. We noted team away days were held every six months, which included team-building exercises.
- 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.

### 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.

- The practice had a Patient Participation Group (PPG), but the current group had only recently been established. We were told that the PPG were in the process of conducting a patient survey.



# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff away days and generally 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. We were told that at the most recent team away day staff fed back that they would like more opportunity to spend time together and bond as a team; as a result of this feedback, the practice introduced regular team lunches. Staff we spoke to commented positively about the away days and team events. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on 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. For example, they were working with the local dementia care home to improve the home's use of the community healthcare team, in order to reduce hospital admissions. They were also working closely with a local service which supported older people, looking at ways to involve patients at an earlier stage and to overcome barriers to patients using the service.

## 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 Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider did not do all that was reasonably practicable to ensure that sufficient safeguards were in place when prescribing medicines. This included the bulk prescribing of high-risk medicines such as Warfarin, and the lack of formal guidelines for prescribing by the nurse practitioner.</p> <p>The provider did not have processes in place to ensure that the temperature of the vaccines refrigerator was monitored on a daily basis, and had failed to keep comprehensive records of action taken when the temperature had gone outside of the optimum range.</p> <p>They did not do all that was reasonably practicable to ensure that patients who failed to collect prescriptions were followed-up.</p> <p>They did not have sufficiently robust processes in place to ensure that there was clinical oversight of all hospital correspondence received.</p> <p>This was in breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>