

# Stockwood Medical Centre

## 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 Stockwood Medical Centre on 16 December 2015.

Overall the practice is rated as good. The area of safety is an area that requires improvement.

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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.
- Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above local and national averages.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that 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.

# Summary of findings

The areas where the provider must make improvement are:

- The provider must ensure that new protocols for prescription security were maintained.
- The provider must ensure that appropriate training and checks are in place for staff who provided chaperone support when clinical staff were not available.
- The provider must ensure there is a robust system in place to ensure that the agreement by the clinical governance lead for Patient Group Directions have been recorded to allow nurses to administer medicines in line with legislation.

The areas where the provider should make improvement are:

- The provider should risk assess the flooring around the examination couch in the consulting room used for delivering an invasive gynaecological procedure.
- The risks of providing invasive gynecological procedures in a consulting room without an assistant to provide emergency support should be risk assessed and acted upon.

**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 an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed. However, the provider should risk assess the flooring of a consulting room where one GP provided an invasive gynaecological procedure. Also the risks of providing invasive gynaecological procedures in a consulting room without an assistant to provide emergency support should be assessed and acted upon.
- The provider should clarify the procedure with staff about who provided chaperone support when clinical staff were not available and ensure that appropriate checks and training are in place for those staff who do so.
- The provider must ensure that new protocols for prescription security were maintained.
- The provider must ensure there is a robust system in place to ensure that the agreement by the clinical governance lead for Patient Group Directions had been recorded to allow nurses to administer medicines in line with legislation.
- The provider must ensure that appropriate employment checks with the information retained in the practice, about GPs including locums.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.

# Summary of findings

- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

## 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 several aspects of care.
- 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.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- 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. 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 this.

Good



# Summary of findings

- 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. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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.

# 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.

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.
- Performance for diabetes related indicators was higher than the Clinical Commission Group (CCG) and national average (77.5%). For example, the percentage of patients with a diagnosis of diabetes, on the register, in which the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 82.7%.

Longer appointments and home visits were available when needed. 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.

Good



### 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.

Good



# Summary of findings

- The practice's uptake for the cervical screening programme was 79.6%, which was comparable to the Clinical Commissioning Group (CCG) average of 81.8% and the national average.
- 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.

## **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.
- 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.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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).

Good





# Summary of findings

- Performance for mental health related indicators was similar to the Clinical Commissioning Group (CCG) and national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 83%.
- The practice regularly worked with multi-disciplinary teams in the case management of people 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.
- 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 published on 2 July 2015. The results showed the practice was performing above or in line with local and national averages. Of the 290 patient survey forms distributed, 117 were returned. This was a response rate of 40.3%. Results show that the practice significantly performed better than the CCG and national averages in regard to the patient's experiences had at the practice.

- 95.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and national average of 88.6%.
- 96.8% of patients said the GP gave them enough time (CCG average 86.5%, national average 86.6%).
- 99.5% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)
- 94.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 86.4% of patients said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all positive about the standard of care received. Comment cards highlighted that staff responded compassionately, showing patients empathy and professionalism when they needed help and provided support when required

We spoke with seven patients, including three members of the Patient Participation Group during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring.

- 90.9% of patients found it easy to get through to this surgery by phone compared to a CCG average of 72.7% and a national average of 73%.
- 91.6% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85.2%).
- 93.6% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85.9%, national average 84.8%).
- 92.2% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.6%, national average 77.5%).

## Areas for improvement

### Action the service MUST take to improve

- The provider must ensure that new protocols for prescription security were maintained.
- The provider must ensure that appropriate training and checks are in place for staff who provided chaperone support when clinical staff were not available.

- The provider must ensure there is a robust system in place to ensure that the agreement by the clinical governance lead for Patient Group Directions have been recorded to allow nurses to administer medicines in line with legislation.

### Action the service SHOULD take to improve

- The provider should risk assess the flooring around the examination couch in the consulting room used for delivering an invasive gynaecological procedure.

# Summary of findings

- The risks of providing invasive gynaecological procedures in a consulting room without an assistant to provide emergency support should be risk assessed and acted upon.

# Stockwood Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Stockwood Medical Centre

Stockwood Medical Centre, Holloway, Road, Bristol, BS14 8PT provides support for approximately 9248 patients in the Stockwood area of Bristol.

Stockwood Medical Centre in a central position in the community of Stockwood. The practice building hosts NHS services such as the District Nursing Team. The building is accessible to patients with restricted mobility, wheelchair users and using pushchairs.

There are eight consulting rooms, two treatment rooms and a treatment suite. The waiting room is accessible and in a central area. There are administrative offices, meeting and staff rooms.

There are five partners and one salaried GP, four male and two female. There are two nurse practitioners and three practice nurses and two health care assistants. The practice employs a pharmacist to attend the practice for 15 hours per week. The clinical staff are supported by a practice business manager and an administration team.

The surgery is open from 8.30 am to 6.30 pm, Monday to Friday. Appointments can be made via the telephone between 8.00am and 6.30 pm Monday, Wednesday or Friday and 8.00am and 7.30 pm Tuesday and Thursday.

Patients who find it difficult to access a surgery during normal working the practice is open for additional hours 6.30 - 7.30 pm Tues and Thurs plus 8am – 10am every other Saturday for routine pre-booked appointments only.

The practice has a General Medical Services contract with NHS England. The practice is contracted for a number of enhanced services including extended hours access, facilitating timely diagnosis and support for patients with dementia, patient participation, minor surgery and childhood vaccination and immunisation scheme.

The practice does not provide Out Of Hour's services to its patients, this is provided by BrisDoc. Contact information for this service is available in the practice and on the website.

#### Patient Age Distribution

0-4 years old: 6% (similar to the national average)

5-14 years old: 10% (similar to the national average)

The practice had 10.7% of the practice population aged 75 years and above (above the national average 7.6%).

#### Other Population Demographics

% of Patients in a Residential Home: 1.4 %

Disability Allowance Claimants (per 1000) 59 (above the national average of 50.3)

% of Patients in paid work or full time education: 58.7 % (similar to the national average of 60.2%)

#### Practice List Demographics / Deprivation

Index of Multiple Deprivation 2010 (IMD): 20.9 (National average 23.6)

Income Deprivation Affecting Children (IDACI): 18 (National average 22.5)

# Detailed findings

Income Deprivation Affecting Older People (IDAOP): 16  
(National average 22.5)

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 16 December 2015. During our visit we:

- Spoke with a range of staff including GPs, the practice business manager, nursing and administration 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 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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient attended the practice with a weapon and exhibited aggressive behaviour. Staff took appropriate action and called for assistance from the police. The system for responding to emergencies was reviewed and no further changes were required. Learning from events was shared and discussed with staff at the role specific staff meetings held in the practice.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3 for children. We were given an

example of how the GPs responded to safeguarding concerns, escalating and working with the local authority safeguarding team and implementing a plan of care for the family concerned.

- A notice in the waiting room advised patients that chaperones were available if required, although this was rarely used. We were told this usually was nursing staff who acted as chaperones and were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). However, through discussion with administration staff we were told that some reception staff had provided chaperone support in the past when clinical staff were not available.
- 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 were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We did note that the floor was carpeted around the examination couch where one GP provided an invasive gynaecological procedure in their consulting room.
- There were arrangements for managing medicines, including emergency drugs and vaccinations, in the practice (including obtaining, prescribing, recording, handling, storing and security) that generally kept patients safe. However, there were gaps in some of the aspects of medicines and prescriptions management. Prescription pads were logged and were securely stored when received into the practice. However, the systems in place to monitor their use did not provide a full audit trail. The detail of prescriptions pads and paper used in the practice was not always recorded thoroughly to identify the issuing to the clinical staff using them. Once the prescription paper had been issued to the different locations in the practice they were not always secured safely. This concern with prescription security was

## Are services safe?

rectified during the day of the inspection and we were provided with an updated policy and procedure. We have not been able to check this compliance had been sustained.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises. However, the clinical governance lead (the GP taking the responsibility for these designated tasks) had not signed the agreement on behalf of the practice. Following the inspection the practice provided information in regard to their updated protocol to ensure these were in place in the future and monitored accordingly. 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.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we did look at the information obtained about locum GPs who had most recently worked in the practice. We found there were gaps in information retained in the practice about these GPs. For example, for one GP locum where the records indicated that registration with the General Medical Council (GMC) had been checked there was no evidence of this check. We were provided with an updated policy and procedure for the employment of locums following the inspection visit. This included the documents and checks to be carried out and the planned induction programme provided to them when they commenced working at the practice.
- 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.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster on display in a central area 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 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 that enough staff were on duty. Administration staff were multi-skilled and were flexible to meet the needs of the service. We saw examples of this when the reception area was busy, staff carrying out other work responded quickly to assist patients.

### 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 fit for use.

## Are services safe?

- 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.

We identified that one GP who carried out invasive gynaecological procedures in their consulting room did not routinely have an assistant with them to respond to any medical emergency.



# 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 peoples' needs. Examples of these were seen for national, antimicrobial guidelines, and local, for Chronic Obstructive Pulmonary Disease.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 95.6% of the total number of points available, with 12.45% exception reporting for the clinical domain. (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 2014/2015 showed;

- Performance for diabetes related indicators was higher than the Clinical Commissioning Group (CCG) and national average (77.5%). For example, the percentage of patients with a diagnosis of diabetes, on the register, in which the last IFCC-HbA1c is 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 82.7%.
- The percentage of patients with hypertension having regular blood pressure tests was similar 83.52% to the CCG and national average 83.65%.
- Performance for mental health related indicators was similar to the Clinical Commissioning Group (CCG) and

national average. For example, the percentage of patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 83%.

Clinical audits demonstrated quality improvement.

- The practice gave us examples of clinical audits completed in the last two years, of which two were a rolling programme looking at cervical testing and the care of patients who had received a splenectomy. There was evidence of cyclical audits such as anti-psychotics prescribed for patients with dementia. When completed, there was information that the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice carried out a thorough review 18 months ago of the identification and management of reviews of patients living with dementia registered at the practice. The practice reviewed patient records, at risk patients were identified, opportunistic testing when patients attending the practice resulted in an additional 27 patients were identified as suffering from the condition.
- We found the employment of the practice pharmacist since April 2015 who had implemented a number of medicines and prescribing audits had led to a reduction in prescribing errors.

### 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. It 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

# Are services effective?

## (for example, treatment is effective)

vaccinations 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 told us they had good access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, and basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- GPs within the practice covered absences of other GPs if this was not possible locums were used. Staff told us there had been a higher number of locum GPs used during the last 12 months to cover sabbaticals; nursing and health care assistant staff provided extra cover when required. There was a good system of planning and monitoring to ensure the staffing needs of the practice was met.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- We saw evidence that written consent was obtained from patients for minor surgery or insertion of contraceptive device.
- The process for seeking consent was monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, and memory loss. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 79.6%, which was comparable to the Clinical Commissioning Group (CCG) average of 81.8% and the national average. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.5% to 98.3% and five year olds from 94.7% to 99.1%.

Flu vaccination rates for the over 65s were (1/09/2013 to 31/01/2014) 77%, and at risk groups 44.1%. These were also comparable to national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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.

- 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 23 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 three members of the patient participation group. 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, showing empathy and professionalism when they needed help and provided support when required. Patients we spoke with told us they had observed or experienced a very good service for children and young people.

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:

- 95.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 89.5% and national average of 88.6%.
- 96.8% of patients said the GP gave them enough time (CCG average 86.5%, national average 86.6%).
- 99.5% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95.2%)

- 94.7% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 85.3%, national average 85.1%).
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.7%, national average 90.4%).
- 86.4% of patients said they found the receptionists at the practice helpful (CCG average 88.5%, national average 86.8%)

These results show that the practice significantly performed better than the CCG and national averages in regard to the patient's experiences had at the practice

### 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 on the comment cards we received was also positive and aligned with these views.

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:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86.4% and national average of 86%.
- 87.7% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 81.8%, and the national average 81.4%)
- 83.4% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85.5%, national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs, nursing and reception staff if a patient was also a carer. The practice had a protocol and documentary 'tool kit' in place to aid staff to identify people with caring responsibilities. Carers were provided with an information pack in regard to the support they could find within the practice and other external resources. Information was on display in the

practice to direct carers to the various avenues of support available to them. To enable staff to have a better understanding of patients and carers needs they had been provided with training from a local carer's organisation.

Staff told us that if families had suffered bereavement, their usual GP contacted them and wrote to them. This contact was either followed by a consultation to meet the family's needs or by giving them advice on how to find a support service. Other staff were alerted to the bereavement so as to ensure that when communicating with the patient's relatives or representatives they offered the necessary support.

# 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.

- The practice offered extended hours two days per week until 7.30pm and appointments every other Saturday morning for working patients or those who could not attend during normal opening hours.
- Improved telephone slots for patients to speak to clinicians for those unable to attend the practice.
- Weekend influenza clinics were provided.
- There were longer appointments available for patients with a learning disability or multiple long term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a hearing loop and translation services available.
- Lead GPs carried out regular weekly visits to patients living in local care homes.
- Dementia annual reviews were carried out in patients own homes.
- The practice were an accredited 4YP (for young people) practice so young people could access sexual health services even if they are not registered.
- The practice provided private space for breastfeeding mothers.
- Patients were provided with access to wellbeing and counselling services.

### Access to the service

The surgery was open from 8.30 am to 6.30 pm, Monday to Friday. Appointments were be made via the telephone between 8.00am and 6.30 pm Monday, Wednesday or Friday and 8.00am and 7.30 pm Tuesday and Thursday. Patients who found it difficult to access a surgery during normal working the practice was open for additional hours 6.30 - 7.30 pm Tues and Thurs plus 8am – 10am every other Saturday for routine pre-booked appointments only.

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

- 90.9% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72.7% and a national average of 73%.
- 91.6% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85.2%).
- 93.6% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85.9%, national average 84.8%).
- 92.2% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79.6%, national average 77.5%).
- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 77.2% and national average of 74.9%.

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

### 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 with information on view in patient areas.

## Are services responsive to people's needs? (for example, to feedback?)

We were provided with information in regard to the seven complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. If required to the complaint was escalated to a significant event investigation. Likewise, significant events such as near misses were managed as complaints. All complaints and concerns were discussed in staff meetings. External bodies, such as NHS England, were informed about

complaints in regard to clinical decision making. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient expressed concern in regard to the standard letter sent out in regard to test results. This was reviewed and new instructions given to staff to amend letter in the future to provide clearer information for the patient.

# 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 level of clinical care and provide support to all their patients. .

- The practice had a mission statement which was displayed in the waiting areas and corridors and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance 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 which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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 in doing so and felt supported if they did.
- 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 gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, this had included providing 15 minute appointments therefore reducing the incidence of appointments running late.
- The practice had gathered feedback from staff through staff meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice



## Are services well-led?

Good 

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

team was forward thinking and had implemented recent changes to improve the service and meet the needs of the population. These had included employing two new nurse practitioners and a practice pharmacist.

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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</b></p> <p><b>How the regulation was not being met:</b></p> <ul style="list-style-type: none"><li>• There were gaps in the information retained in the practice to show that appropriate checks were carried out on locum GPs employed at the practice.(c)</li><li>• Staff who provided chaperone support when clinical staff were not available had not had appropriate training and checks in place.(c)</li><li>• There was not a robust system in place to ensure that the agreement by the clinical governance lead for Patient Group Directions have been recorded to allow nurses to administer medicines in line with legislation.(g)</li></ul> <p>This was in breach of regulation 12(1)(2)(c)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>