

# Forest House Surgery

## Quality Report

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Date of inspection visit: 28 September 2016

Date of publication: 28/04/2017

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Forest House Surgery on 28 September 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.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- 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.
- Urgent appointments were made available for vulnerable patients and unwell children even where sessions were fully booked.
- The practice had adequate facilities and equipment.
- 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.
- The practice had over 200 patients living in local care homes and provided weekly ward rounds to four homes and ad hoc visits to others. Each home was visited by one of two GPs to establish continuity with the staff, patients and their families. Care plans were

# Summary of findings

regularly reviewed and end of life wishes included. We received very positive feedback from a care home manager who came to the practice to meet with us on the day of inspection.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- 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 things went wrong patients received reasonable support, 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.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to local and national averages.
- 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 with personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients views were comparable to or higher than local and national figures.
- 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and that they 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, the Clinical Commissioning Group and the local Federation to secure improvements to services where these were identified.
- Patients said they found it relatively easy to make an appointment with a named GP and there was continuity of care. They also appreciated being able to talk with a GP or nurse practitioner and if needed being offered an appointment on the same day.
- The practice had adequate facilities and was 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 a 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 notifiable safety alerts 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.
- There was a focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- 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. It had a register of those patients who were housebound and provided vaccinations at home when necessary.
- The practice's approach was to undertake frailty assessments, dementia screening and an integrated approach to include where needed end of life planning and a multi-agency approach.
- The practice had identified those older patients at risk of hospital admission and had developed care planning which identified key health problems and their ongoing management. Special notes were included on records for out of hour's services to avoid unnecessary or inappropriate hospital admissions.
- The practice provided care for approximately 160-200 patients living in local care homes some of whom were receiving end of life care. A named GP attended each home on a weekly basis to perform a ward round offering continuity of care for the patients. Staff at the homes were provided with a separate telephone number to improve their access especially with urgent queries. Feedback from care homes was very positive.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management with support from GPs. The practice had identified 2% of its patients who were at risk from unplanned hospital admissions and shared information with out of hours and district nurse services to help keep people out of hospital where possible.
- The practice's performance for diabetes management was similar to or slightly higher than national averages, for example, the practice scored 78% for the QOF indicator relating to blood sugar control management for diabetic patients compared to the local average of 83% and national average of 78%.

# Summary of findings

- Longer appointments and home visits were available when needed. The practice kept a register of patients who were housebound.
- All 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.
- The practice kept a list of those patients such as those receiving end of life care, patients with mental health problems and patients with multiple conditions to ensure that they received same-day call-backs from their regular GP wherever possible.

## 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 above local and national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Data showed 82% of eligible women had received a cervical screening test compared with the local average of 83% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Young children who were ill were always seen and the practice used a sepsis screening tool to help identify this condition.
- The practice offered 24 hour and 6 week baby checks.
- We saw examples of joint working with midwives, health visitors and school nurses. The practice informed the health visitor of new child registrations.

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.

Good



# Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice had an automated telephone appointment booking system called 'Patient Partner' which allowed a patient to book an advance appointment or cancel an existing appointment at any time, day or night.
- Bookable telephone consultations were available.
- Patients who needed to be seen urgently were offered appointments on a sit and wait basis at the end of morning and afternoon sessions.

The practice offered a travel vaccination service.

## 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 carers, people with a learning disability (LD), people who were housebound and those with alcohol or substance misuse problems.
- The practice offered longer appointments for patients including those with serious mental health issues and those with a learning disability.
- The practice offered annual health checks to the 54 patients on the learning disability register. Most recent figures showed that 51 of the 54 patients on the register had received a check. This included a patient who refused to visit the surgery and had not had a health check for many years. The GP was the LD lead worked with the community nurse and started to make regular visits to the patient's home and eventually the patient allowed the GP to perform a health check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, for example, the counsellor providing treatment for patients on the Methadone treatment programme visited the surgery so patients could avoid frequent travel for treatment.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had identified 128 or 1.1% of its patients who had caring responsibilities. They were offered a referral to a local support service for a carer assessment, and given information about local authority services such as First Contact, which could offer practical assistance with a variety of housing and other matters. There was also information available in the waiting area and on the website. The practice had recognised

Good





# Summary of findings

that it was very likely that more patients than recognised had a caring responsibility and was actively trying to encourage more carers to identify themselves to the practice, for example, by working with the PPG with awareness displays in the surgery and local library.

- All 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. The practice was able to describe situations where, for example, reception staff had raised a concern about how a child was treated in the waiting area, which the GP had taken further with the parent and health visitor.

## 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).

- 83% of patients living with dementia had a face-to-face care review in the previous 12 months, compared with the local average of 87% and national average of 84%.
- The practice offered dementia screening to patients identified as high risk individuals.
- The practice carried out advance care planning for patients with dementia which included appropriate end of life care plans.
- 99% of patients with severe mental health problems had a comprehensive agreed care plan documented in their records compared with the local average of 95% and national average of 89%. Alerts on their records meant that they were routinely offered longer appointments and annual health checks with a GP or Mental Health Facilitator
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health and where appropriate their carers about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



## Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia. The practice had recognised that these patients benefited from routine and tried to ensure they saw the same GP or healthcare professional, for example, if they needed regular blood tests.

# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages. 241 survey forms were distributed and 123 were returned, representing a response rate of 51% compared with a response rate in England of 38%

- 81% of patients found it easy to get through to this practice by phone compared to the local average of 71% and national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the local and national averages of 85%.
- 83% % of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local average of 78% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards with the majority being very positive about the standard of care received. Staff were described as being helpful, polite, caring and kind. Patients said they felt listened to and that it was very helpful to be able to have a telephone consultation and if urgent a same day appointment. Clinical staff treated patients with respect, friendliness and professionalism. The premises were described as safe and clean with excellent standards of hygiene and useful information on the noticeboards. The few negative comments were related to the difficulty some patients experienced wanting to see the GP of their choice.

Patients we spoke with were satisfied with the care they received.

## Areas for improvement

**Action the service MUST take to improve**

**Action the service SHOULD take to improve**

## Outstanding practice

# Forest House Surgery

## Detailed findings

### Our inspection team

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

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

## Background to Forest House Surgery

Forest House Surgery is situated in the small town of Shepshed which is near to junction 23 of the M1 in North West Leicestershire. There is a local population of about 15000 which will increase as up to 3500 new homes are planned to be built over the next five years. Many local residents work in Loughborough, Leicester and Nottingham. Shepshed is an area with private housing alongside some small pockets of social deprivation. The practice has 11500 patients with relatively high numbers of elderly patients and patients with long-term conditions. It has approximately 200 patients living in nearby care homes which is substantially more than any other practice in the locality.

The practice occupies a converted grade 2 listed building which been carefully modernised and extended. Treatment and consulting rooms are on the ground floor. There is a car park which includes disabled spaces and there is an independent pharmacy adjacent to the practice.

There are 7 GPs, 2 of whom are female with 2 locum GPs to help cover absences. There are two nurse prescribers and two practice nurses (all female) who provide minor illness and urgent care, and manage long-term conditions such as diabetes, asthma and chronic pulmonary disease. (COPD) There are also four health care assistants. The clinical team is supported by a practice manager, and other support staff

some of whom take lead responsibilities for areas such as reception and prescriptions. The practice is training and teaching practice which has medical students on placement and trainee GPs.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments can be pre-booked up to 12 weeks in advance. Appointments including for telephone consultations are available of the day. Patients with who need on the day appointments on an urgent basis are slotted in at the end of a GP session on a sit and wait basis.

Out of hours services are commissioned by West Leicestershire Clinical Commissioning Group and provided by DHU (Derbyshire Health United).

## 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

For example:

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 28 September 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including clinical and support staff and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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 the time which was 2015/16.

# Are services safe?

## Our findings

### • **Safe track record and learning**

- There was an effective system in place for reporting and recording significant events.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, 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 significant events including any learning which was shared with all staff. As part of its preparation for the inspection the GPs had realised that the actions and learning noted on the form could include more detail to reflect the discussion, analysis and the importance to the practice of learning from any mistakes. It had decided that in future the GP lead would ensure this was done.
- All the staff we spoke with said they felt comfortable about identifying any mistakes they had made and discussing them within the staff team to ensure future learning.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed and actions decided on, for example, to search for patients whose medication needed to be reviewed following a safety alert. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

### **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 keeping registers of vulnerable adults and children and taking appropriate action when identifying a concern.

- 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 who was in contact with local health visitors to share and discuss any concerns. GPs 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. We saw examples where appropriate action was taken following staff raising concerns. GPs and nurse practitioners were trained to child protection or child safeguarding level 3.
- Notices in the waiting area and in treatment rooms advised patients that chaperones were available if required. All staff undertaking this role had been trained and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. A nurse and GP were the infection control leads and they 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 needed as a result. There were regular checks of different areas in the practice to ensure acceptable standards of cleaning and infection control were maintained.
- The arrangements for managing medicines, including emergency medicines and vaccines kept patients safe (this included obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which

## Are services safe?

included the review of all high risk medicines and ensured a robust and safe approach. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Uncollected prescriptions were regularly reviewed and the local pharmacy contacted to see if any medicines had not been collected. Advice was sought from a GP and where appropriate the patient contacted to ensure they were well especially where they had a long term condition.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identity, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

- Risks to patients were assessed and well managed. Safety alerts, including MHRA alerts, were received by the practice manager and senior GP and were circulated to all clinical staff and discussed at regular clinical meetings. Patients' records were searched to ensure appropriate reviews and safe care. We looked at two recent alerts and saw that they had been actioned appropriately.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available and a poster was displayed in the staff 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 it was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor

safety of the premises such as control of substances hazardous to health (COSHH) infection control, and a legionella risk assessment. (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 to ensure enough staff were on duty and staff worked flexibly to cover absences. The practice had two locum GPs who had been GP trainees at the practice and who were used to help cover absences. Their work was supported and monitored by the partners.

### 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 which they responded to.
- All staff received annual appropriate basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. Copies were kept outside of the surgery and the plan included contact numbers for staff and other services and suppliers.

# 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 which were incorporated into the records system and the practice had devised some of its own templates to ensure best practice. This helped ensure that care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through 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 97% of the total number of points available. The practice had low levels of exception reporting. 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. It had high prevalence levels for a number of long term conditions. This meant that the practice had worked to identify its patients with long term conditions and provide appropriate care for them

For example, data from 2015-2016 showed performance for diabetes related indicators was comparable with local and national averages.

- The practice scored 78% for the QOF indicator relating to blood sugar control management for diabetic patients compared with the local average of 83% and national average of 78%.

- The practice scored 83% for the QOF indicator relating to cholesterol management in diabetic patients (local average 83%, national average 80%)

Performance for mental health related indicators, for example, related to an agreed care plan documented in the patient record was 89% (local average 94%, national average 89%)

There was evidence of quality improvement including clinical audit.

- The practice regularly carried out audits of the care provided which included end of life care and death audits. There were completed audits where 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, to ensure patients on certain high risk drugs such as lithium and warfarin were monitored with appropriate blood testing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and an annual audit. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,



# Are services effective?

## (for example, treatment is effective)

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

- Staff received training that included safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

This included care and risk assessments, care plans, medical records and investigation and test results.

The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Monthly multi-disciplinary meetings took place with other health care professionals including the diabetic specialist nurse, district nurses, MacMillan and clinical care co-ordinator when care plans were routinely reviewed and updated for patients with complex needs including palliative and end of life care.

### 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 nurse practitioner assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records checks.

### 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.

The practice's uptake for the cervical screening programme was 82% compared with the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were between 98% and 100% for under two-year-olds and 96 and 100% 5-year-olds.

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 risk factors or abnormalities were identified.

The practice and the PPG were involved in local health awareness weeks such as for dementia where there was extra information in the practice and in the local library.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

We observed members of staff were kind, polite 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.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The 42 comment cards we received were very positive about the service experienced. Patients said they felt the staff were helpful, professional, polite, caring and kind. Patients said they felt listened to. Some found it helpful to be able to book a telephone consultation and if urgent a same day appointment, even if sometimes on a sit and wait basis at the end of a session. Clinical staff treated patients with respect, friendliness and professionalism. The premises were described as safe and clean with excellent standards of hygiene and useful information on the notice boards. The few negative comments were related to the difficulty some patients experienced wanting to see the GP of their choice.

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

Results from the national GP patient survey published in July 2106 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for satisfaction scores on consultations with GPs and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average and national average of 87%.
- 91% of patients said the GP was good at giving them enough time compared to the CCG average of 86 % and the national average of 87%.

- 93% of patients said they had confidence and trust in the last GP they saw (CCG and national average 92%)
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG and national average of 85%).
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern (local and national averages of 91 %.)
- 93% of patients said they found the receptionists at the practice helpful (CCG average 86%, national average, 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 comparable 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 CCG and national averages of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 85%

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

- Staff told us that interpretation 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. We were told this was rarely requested.

## Are services caring?

- There were also notices advising on the availability of interpreters using British Sign Language.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 128 patients as carers (1.1% of the total practice list.). Once identified and placed on the register, carers were invited for a regular health check, offered flu vaccinations and given information about how to access support and advice. There was also information available in the waiting area and on the web-site about local support available. The practice was trying to identify more patients as carers in order to provide support to them.

# 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. The lead GP was chair of the CCG and its End of Life care lead and was also involved in a weekend access scheme for patients identified as being at risk of unplanned hospital admission.

- Pre-bookable appointments lasted up to 10 minutes. Longer appointments were available on request.
- The practice had identified some of its patients whose condition meant they needed longer appointments and had put alerts on their records. This included, for example, patients with learning disabilities or with complex mental health conditions.
- Home visits were available for housebound or frail patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were made available for young children and those patients with medical problems that required same day consultation. These were sometimes on a sit and wait basis towards the end of a session.
- Pre-bookable telephone consultations were available.
- Patients were able to receive travel vaccinations available on the NHS. Patients were referred to other services for those vaccines only available privately.

### Access to the service

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments can be pre-booked up to 12 weeks in advance. Appointments including for telephone consultations are available on the day. Patients with who need on the day appointments on an urgent basis are slotted in at the end of a GP session on a sit and wait basis.

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.

- 78% of patients were satisfied with the practice's opening hours compared to the local average of 74% and national average of 76%.
- 81% of patients said they could get through easily to the practice by phone compared to the local average of 70% and the national average of 73%.

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

The practice had a system in place to assess:

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

A GP or nurse practitioner spoke with the patient or carer to assess whether a visit was appropriate or whether other services such as the paramedic led Acute Visiting Service (AVS) or an ambulance might be more suitable. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the practice e leaflet and on the web-site.

We looked at 3 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and handled with openness and transparency. Explanations and apologies were offered and lessons were learnt from individual concerns and complaints. The practice also considered whether any trends could be identified.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a clear vision for the future based on the practice values of providing safe, effective and compassionate care which staff knew and understood.
- 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 a 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. Staff were supported in their roles.
- Appropriate policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GPs, manager and staff 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 manager and GPs were approachable, supportive and interested in hearing staff views.

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 and training for all staff on communicating with patients about any notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment it gave patients information and an apology if appropriate.

- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings and we saw minutes of these.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- Staff said they felt respected, valued and supported, particularly by the GPs and practice manager. All staff were involved in discussions about how to run and develop the practice, and management 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.
- 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 focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example, related to weekend access to a GP for patients identified at being at risk of unplanned hospital admission.