

# The Forge Surgery

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Forge Surgery on 13 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, however one significant event had not been recorded.
- Risks to patients were assessed and generally well-managed; there were systems and processes implemented to mitigate risks to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with all appointments available the same day.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a number of policies and procedures to govern activity, but some of these needed to be updated and accessible to all staff members.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.

## **The areas where the provider must make improvements are:**

- Ensure all events that are significant and adverse are recorded and shared to mitigate the risk of a reoccurrence.
- Review the staffing levels at the practice to ensure that there are enough suitably qualified and experienced staff to meet the care and treatment needs of the patients, in light of the significant continued increase in patient registrations.

## **In addition the provider should:**

- Review access to the sharps injury policy to ensure all staff are aware of it and that local information is displayed for their attention.
- Review staff access to all policies and procedures to ensure they are available at all times.
- Update the business continuity plan so that it reflects the Clinical Commissioning Group (CCG) rather than the Primary Care Trust (PCT), which is no longer current.
- Put a process in place to document weekly clinical meetings.
- Ensure that the latest schedule from Public Health England (PHE) regarding vaccines is available at the practice.

## **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 for reporting and recording significant events, however one significant event had not been recorded.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were 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 systems, processes and practices to keep patients safe and safeguarded from abuse.
- The practice had not considered additional staffing needs in line with the increasing size of the registered patient list.

### 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.
- 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.

**Good**



- 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.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified carers and had signposted services who could offer support.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- 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.

## Are services well-led?

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

Good



- 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity, but some of these required updating and all should be made accessible to staff.
- 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 for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice encouraged attendance for over 75 health checks and ensured that patients were aware of their named GP for continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice encouraged clinicians to nominate patients with complex needs for discussion at the monthly clinical meeting and/or the monthly multi-disciplinary meeting.

### 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 and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better when compared to the national average. For example, 87% of the practice's patients with diabetes, on the register, whose last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less compared with the national average of 78%. 91% of the practice's patients with diabetes, on the register, had a record of a foot examination and risk classification within the preceding 12 months compared with the national average of 88%.
- Longer appointments and home visits were available when needed.
- The practice ensured the availability of frequent nurse led clinics to support patients.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months that included an assessment of asthma control using the 3 RCP questions (01/04/2014 to 31/03/2015) was 70% compared to a national average of 75%.

# Summary of findings

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

## Families, children and young people

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

- There were systems 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. Childhood
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 93% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- The practice offered some online services as well as a range of health promotion and screening that reflects the needs for this age group.
- The practice offered an extended hour's surgery on a Monday from 6.30pm to 8pm for doctor appointments.
- The practice offered online services for booking and cancelling appointments and for prescription requests.

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.

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and increased time for annual reviews.
- 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.

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

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

- Performance for mental health related indicators was higher than the national average. For example, 94% of the practice's patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in their records in the preceding 12 months compared with the national average of 88%. 94% of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months compared to the national average of 90%. The percentage of patients with physical and/or mental health conditions whose notes record smoking status in the preceding 12 months was 98% compared to the national average of 94%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 76% which was comparable to the national average of 84%.
- < >  
The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing better than local and national averages. Three hundred and five survey forms were distributed and 117 were returned. This represented approximately 4% of the practice's patient list.

- 92% of respondents found it easy to get through to this surgery by phone which was higher than the national average of 73%.
- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried which was comparable to the national average of 77%.
- 84% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area which was higher than the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards 39 of which were positive about the standard of care received. Comments included that the GP's are thorough and helpful, that they listen and provide excellent care and treatment. They felt the nurse team were helpful and caring and the receptionists polite and friendly. Patients also said that the environment was clean, hygienic, warm and welcoming.

We spoke with six patients during the inspection and they all said they were very happy with the care they received and thought staff were approachable, committed and caring and that they listened.

## Areas for improvement

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

- Ensure all events that are significant and adverse are recorded and shared to mitigate the risk of a reoccurrence.
- Review the staffing levels at the practice to ensure that there are enough suitably qualified and experienced staff to meet the care and treatment needs of the patients, in light of the significant continued increase in patient registrations.

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

- Review access to the sharps injury policy to ensure all staff are aware of it and that local information is displayed for their attention.

- Review staff access to all policies and procedures to ensure they are available at all times.
- Update the business continuity plan so that it reflects the Clinical Commissioning Group (CCG) rather than the Primary Care Trust (PCT), which is no longer current.
- Put a process in place to document weekly clinical meetings.
- Ensure that the latest schedule from Public Health England (PHE) regarding vaccines is available at the practice.

# The Forge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist advisor and an Inspection Manager.

## Background to The Forge Surgery

The Forge Surgery is located in a residential area of Gravesend, Kent and provides primary medical services to approximately 3400 patients. The practice is based in Fleet Health Campus a purpose built health centre which is shared with other GP practices, a walk-in centre and a community pharmacy. The centre is purpose built and has good access for wheelchairs and disabled facilities. There is a large car park for patient use.

There are two GP partners at the practice, one female and one male and a newly appointed Foundation Year 2 training doctor who is also female. There is one female practice nurse and the GPs and nurse are supported by the male practice manager and a team of three reception/administration staff.

The practice is open from Monday to Friday between 8.00am and 6.30pm except for Thursday, when the practice closes at 12 noon. Appointments are from 9.30am to 12.00 noon and from 4.30pm to 6.30pm. There is an extended hour's surgery on Monday evening from 6.30pm to 8.00pm. On Thursday afternoons a GP from another local practice is on call for emergencies. Appointments can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an out of hour's provider by calling the surgery and on the website.

The practice runs a number of services for its patients including; chronic disease management, new patient checks, minor surgery, family planning and travel vaccines.

Services are provided from The Forge Surgery, Fleet Campus, Vale Road, Gravesend, Kent, DA11 8BZ only.

## 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

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?

# Detailed findings

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)

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 13 April 2016. During our visit we:

- Spoke with a range of staff including; the two GP partners, practice nurses, the practice manager and non-clinical staff members. We also spoke with six patients who used the service.
- Observed how patients were being cared for in the reception and waiting area and reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Made observations of the environment.
- Reviewed documentation relating to the practice including policies and procedures.

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 at the practice. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and there was evidence that these were discussed in an open, transparent and timely way with learning disseminated at staff meetings. However, staff told us about one significant adverse incident that had not been recorded. This meant that the practice's procedures had not been followed which could impact on their ability to learn from the event and prevent its reoccurrence.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw that lessons were shared to make sure action was taken to improve safety in the practice. For example, extra checks were implemented and a differently packaged vaccine was ordered after a vaccination error. Staff told us that these changes were discussed at staff and clinical meetings.

We saw that when there were 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 to keep patients safe and safeguarded from abuse, which included:

- There were arrangements to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements, however not all staff we spoke with were aware of the policies or how to access them. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare and this information was displayed in consulting and treatment rooms. The practice did not have a system to identify children and adults at risk on the practice computer system and they were not using auto alerts on their clinical system. One of the GP partners was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and 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 Child Safeguarding level three. All nursing staff had completed safeguarding children level two. All other staff had completed safeguarding children level one. The staff we reviewed had completed safeguarding adults training.
- Notices in consulting rooms and in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS)
- 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. Infection control audits were carried out annually by the GP partners and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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

# Are services safe?

prescribing. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and these had been updated to reflect recent changes.

- The staff team at the practice were mainly longstanding. We reviewed one personnel file and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification (smart card), 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.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified local health and safety representatives. The practice had up to date fire risk assessments, which were submitted to CQC within 48 hours of the inspection taking place. Regular fire drills were carried out and recorded. 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The Legionella risk assessment was sent to CQC within 48 hours of the inspection taking place. The practice had a sharps injury policy as part of the infection prevention policy, however this was not displayed in treatment rooms or easily accessible and staff we spoke with were not aware of the local process.
- Arrangements were for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. All of the staff at the practice were longstanding, except the practice manager who had been in post for 12 months and they had a system to cover for one another during holidays or periods of sickness. Staff spoken with said that one more receptionist would reduce the workload that had grown owing to an increased registered patient list size. The GP

partners worked nine clinical sessions per week, and each GP worked either in the morning or the afternoon. This was equal to one full time equivalent (FTE) GP for a registered patient list of approximately 3400. It is usual for one FTE GP to have a registered list of approximately 1900 patients. One Foundation Year 2 doctor had just started as the practice and was being inducted.

## 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, however there was no nebuliser in place. (A nebuliser is a machine to deliver asthma medication by turning it into a mist to be inhaled through a face mask or mouthpiece. A nebuliser may be used for high doses of asthma reliever medicines in an emergency).
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Signs were in place regarding the storage of oxygen, however, three cylinders of oxygen were found in a store room and there was no sign on the door to alert people to this. The sign was put in place during the inspection. A first aid kit and accident book were available in reception as was a spill kit for clearing up accidents and staff told us they had used this.
- 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. This was a robust document that had been reviewed in January 2016, but which referred to the Primary Care Trust throughout and therefore required updating. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.

### 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 98.6% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less were 87% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 91% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 84% which was the same as the national average.
- Performance for mental health related indicators was better than the national average. For example 94% of patients with schizophrenia bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 76% which was comparable to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice had one completed audit cycle in the last two years where the improvements made were implemented and monitored. For example, an audit looking at the risk factor in women over 35 on the combined oral contraceptive pill. Records demonstrated analysis of its results and an action plan to address its findings. There were also records to demonstrate the audit had been repeated to complete the cycle of clinical audit.
- Other clinical audits had been carried out. For example, a single cycle audit into improving flu vaccination uptake among the over 65 and a single cycle audit into specific medication as recommended by the prescribing group.

### Effective staffing

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

- The practice had an informal induction system for all newly appointed staff which included shadowing and training. The majority of staff were longstanding team members. We saw that the training included such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw records of a formal induction plan for the FY2 doctor.
- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and updates shared via email. However, the vaccine schedule on the wall in a GP treatment room was dated 2015 and therefore out of date.
- 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)

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, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The practice was signed up to a learning pod which staff could access for training purposes.

### 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. Patients told us they were referred to other services as required in a timely way. We saw evidence that multi-disciplinary team meetings and palliative care meetings took place on a monthly basis. The main partner knew all the patients on their list who had a care plan in place and these were routinely reviewed and updated for patients with complex needs. Weekly clinical meetings were held at the practice, but these were not minuted.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and drug and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 84%, which was higher than the CCG average of 77% and the national average of 74%. The practice also encouraged its patients to participate in national programmes for bowel and breast cancer screening and the uptake for these were comparable to or lower than the CCG and national average. For example, females aged between 50-70 screened for breast cancer in last 36 months was 77% compared to the CCG average of 74% and the national average of 72%; and persons aged between 60-69, screened for bowel cancer in the last 30 months was 54% compared to the CCG average of 57% and the national average of 58%. There were systems 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 higher than the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 79% to 95% compared to 70% to 93% within the CCG; and for five year olds ranged from 94% to 100% compared to 83% to 94% within the CCG.

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



# Are services caring?

## Our findings

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 saw that there was no curtain in place in the minor surgery room, however the practice sent evidence that this had been purchased within 48 hours of the inspection.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff had access to a private room if patients wanted to discuss sensitive issues or appeared distressed. The reception area was separate from the main waiting area which meant that confidentiality could be maintained.

39 of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Two were positive with reference to difficulty getting an appointment and one was negative. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.

- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 82% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 90% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

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

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 to local and national averages. For example:

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

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

## Are services caring?

### **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. This information 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 53 patients as

carers (1.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. This was also available on the practice website and the patient participation group had facilitated a carer's learning set at the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted 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 where these were identified. For example,

- The practice offered an extended hour's clinic on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability or complex needs.
- Telephone consultations and home visits were available for patients from all population groups who were not able to visit the practice.
- Same day appointments were available for all patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The premises and services had been designed to meet the needs of patients with disabilities, including a ramp at the front of the building and a lift to the first floor premises.
- Translation services were available.
- Records showed the practice had systems that identified patients at high risk of admission to hospital and implemented care plans to reduce the risk and where possible avoid unplanned admissions to hospital.
- There was a range of clinics for all age groups as well as the availability of specialist nursing treatment and support.
- Action was taken to remove barriers when patients find it hard to use or access services and the practice had approximately fifty of the traveller community registered as patients.

### Access to the service

The practice was open between 8am and 6.30pm every day except Thursday when it closed at mid-day. Appointments were from 9.30 to 12.00 every morning and 4.30 to 6.30 daily. Extended hours appointments were offered from 6.30pm to 8pm every Monday. Cover was provided by a local GP in the event of emergency on a Thursday afternoon. After 6.30pm patients were advised to call 111 via a telephone message.

The appointment system at the practice was a same day system, whereby all patients that call the surgery were given an appointment or a telephone consultation. If the telephone consultation resulted in a patient requiring an appointment they were seen in an urgent appointment slot the same day. Patients were able to book appointments up to a week in advance through a GP. Staff and patients we spoke with were not aware that it was possible to book an appointment in advance. We were told that this could only be done by speaking with a GP. We were told that patients who called the surgery in the morning were given a morning appointment and that afternoon slots were kept for patients who telephoned later in the day. Appointments for people after work or school hours were available on Monday's when there were extended hours. The nurse was available every morning from 8.35 to 11.30 am and on Wednesday afternoons from 2pm to 5.45pm. These appointments could be booked up to four weeks in advance.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone compared to 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.

Results from the national GP patient survey showed that patient's satisfaction with the appointment system was higher than the national averages.

- 96% of patients said that the last appointment they got was convenient compared to 91% within the CCG and the national average of 92%.
- 91% of patients describe their experience of making an appointment as good compared to 69% within the CCG and the national average of 73%.
- 65% of patients felt they didn't normally have to wait too long to be seen, compared to 57% within the CCG and a national average of 58%.

The practice had a system to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

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

This was done by the GPs telephoning the patient in advance in order to make an informed decision according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective system 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 for example a patient leaflet was pinned to the notice board in the waiting areas.

We looked at seven complaints received in the last 12 months and found that six of these were resolved by the practice. There were two written complaints, four verbal and one on NHS choices. All complaints were dealt with in a timely way and handled in a satisfactory manner. The practice demonstrated a culture of openness and transparency when dealing with complaints. Lessons were learnt from individual concerns and complaints which were responded to and actioned in order improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients; however this was not written into a formal mission statement. A formal mission statement was sent to CQC within 48 hours of the inspection.

- The practice had clear aims and objectives recorded in their statement of purpose and staff knew and understood the values.
- The practice had a business strategy which was in development and included the expansion of the practice to accommodate the growing patient list size and progression towards becoming a training practice.

### 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 and ensured that:

- There was a clear staffing structure and staff were mainly aware of their own roles and responsibilities. Some staff told us that there was some lack of clarity in lead roles and that's these would benefit from a clearer job description.
- Practice specific policies were implemented but were not always available to all staff as these were kept in the practice manager's office, which was not always unlocked.
- A comprehensive understanding of the performance of the practice was maintained and records of this were provided during the inspection.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions within an open culture.

### Leadership and culture

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

compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. They told us that the partners put the patient first.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- 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. The PPG met quarterly, with both GP partners and the practice manager in attendance. They carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a project was being established to work with young people in the

# Are services well-led?

Good 

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

community with mental health problems who did not want to attend formal routes of support. This was in response to the needs of the community and would be initiated by the PPG with support from the practice. The PPG had also purchased the automated external defibrillator (AED) (used to attempt to restart a person's heart in an emergency) for the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. 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 used quality assurance tools, including patient feedback to improve outcomes for patients in the area.

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>How the regulation was not being met:</b></p> <p>Care and treatment must be provided in a safe way for service users and the registered person must ensure that they do all that is reasonably practicable to mitigate any risks. This is in relation to a significant adverse event that was not recorded and shared for learning purposes.</p> <p>Ensure all events that are significant and adverse are recorded and shared to mitigate the risk of a reoccurrence.</p> <p>This was in breach of Regulation 12(1)(2)(b): of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p><b>How the regulation was not being met:</b></p> <p>The provider must ensure that staffing levels are continuously reviewed and adapted to respond to the changing needs and circumstances of people using the service. This is in relation to the equivalent of one full time GP providing the care and treatment for 3400 registered patients.</p> <p>This was in breach of Regulation 18(1): of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.</p>