

# Dr Hutchings and Partners

## 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

Requires improvement



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?

Requires improvement



# 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 Dr Hutchings and Partners (Rosemead Surgery) on 27 April 2016. Overall the practice is rated as requires improvement.

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

- Staff understood and fulfilled their responsibilities to raise concerns, to report incidents and near misses, and action was taken to improve safety. Documentation of significant events was not always thorough and learning was not always shared with the multidisciplinary team in line with the practice policy. Annual review of significant events did not take place to enable identification of trends.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to

ensure patients were kept safe. For example, there were not adequate processes for mitigating and reviewing risks relating to fire safety, gas safety, training, and portable electrical appliance testing.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance and delivered 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.
- The practice had not taken all steps to ensure that it was accessible to people with restricted mobility, hearing difficulties, and who did not speak English.
- The practice had a number of policies and procedures to govern activity, but some were not followed.
- There was a committed and hardworking team of staff leading the practice. The practice were committed to delivering high quality care and promote good outcomes for patients.

# Summary of findings

The areas where the provider must make improvements are:

- Introduce robust processes to ensure significant events are fully recorded, analysis of trends takes place, and ensure learning is shared with all appropriate staff.
- Ensure appropriate actions are taken to mitigate risks relating to fire and gas safety.
- Ensure portable electrical appliance testing is carried out.
- Ensure that all staff training is up to date.

The areas where the provider should make improvements are:

- Take steps to enable patients with disabilities, hearing difficulties, and whose first language is not English to access the surgery services more easily.
- Ensure documentation of formal references.
- Review exception reporting and ensure patients receive appropriate care and treatment within national guidelines for exception reporting.

**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.

- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Action was taken to improve safety at the practice.
- Documentation of significant events was not always thorough and learning was not always shared with the multidisciplinary team. Annual review of significant events did not take place to enable identification of trends.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not always implemented well enough to ensure patients were kept safe.
- For example, there were not adequate processes for mitigating and reviewing risks relating to fire safety, gas safety, recruitment checks, portable electrical appliance testing, and training.

Requires improvement



### 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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. However, there were some areas in which training was not up to date, including safeguarding adults and children, infection control, and health and safety.
- There was evidence of appraisals 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.

- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this, such as visiting patients on their day off.
- Data from the national GP patient survey showed patients rated the practice higher than others for many aspects of care.

Good



# Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had some good facilities for people with diverse needs. However, the automatic door for people using wheelchairs did not work, there was no hearing loop, and not all reception staff were aware of the interpreter service.
- 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 not shared with all staff.
- 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.
- Feedback from most patients was that access to a named GP and continuity of care was available. Urgent appointments were usually available the same day.

Good



## Are services well-led?

The practice is rated as requires improvement for being well-led.

- There were not always processes in place to fully ensure that risks relating to patient safety were mitigated, or that the service was responsive to all patients' needs.
- The practice had a clear vision to deliver high quality care and promote good outcomes for patients.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Requires improvement



# 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 requires improvement for the care of older people. The practice was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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.
- Older patients had access to a named GP to enable continuity of care.
- The practice met with nursing homes and involved professionals to discuss the changing needs of patients.
- The practice had developed additional systems to ensure changes in medicine were communicated clearly to nursing homes and pharmacies.

Requires improvement



### People with long term conditions

The practice is rated as requires improvement for the care of people with long-term conditions. The practice was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- GPs and 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 QOF indicators was better than the national average for most indicators.
- Longer appointments and home visits were available when needed.
- 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.

Requires improvement



### Families, children and young people

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

Requires improvement



# Summary of findings

requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 comparable for all standard childhood immunisations.
- Children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 80%, which was slightly lower than the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

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

The practice is rated as requires improvement for the care of working-age people (including those recently retired and students). The practice was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- 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 and flexible.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**Requires improvement**



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

The practice is rated as requires improvement for the care of people whose circumstances may make them vulnerable. The practice was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

**Requires improvement**



# Summary of findings

- There was a system for registering patients with no fixed address.
- The practice offered longer appointments for patients who needed them.
- GPs were aware of strategies to communicate with people who may have communication difficulties due to autism and Asperger syndrome.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

The practice is rated as requires improvement for the care of people experiencing poor mental health (including people with dementia). The practice was rated as requires improvement for safety and for well-led. The issues identified as requiring improvement overall affected all patients including this population group. There were, however, examples of good practice.

- Performance for mental health related indicators was better compared to the national average.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health and dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and private and voluntary organisations.
- The practice had a good understanding of how to support people with mental health needs.

Requires improvement





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing above national averages. 324 survey forms were distributed and 123 were returned. This represented 2% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 comment cards which all contained strongly positive comments about the standard of care received. Three comments cards were positive, but also described areas for improvement including the appointment system, referrals on to other services, and being listened to.

We spoke with eight patients during the inspection. All eight patients said that overall they were satisfied with the care they received and thought staff were kind and respectful. Feedback from some patients was that they were not always seen for appointments on time, could not get convenient appointments, and that it was not always possible to see a preferred GP. All eight patients said that they would recommend the practice to others.

# Dr Hutchings and Partners

## 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 nurse specialist adviser, a practice manager specialist adviser and an expert by experience.

### Background to Dr Hutchings and Partners

Rosemead Surgery is situated in Maidenhead. The practice resides in a purpose built building. There is ramp access for patients and visitors who have difficulty using steps. Patient services are offered on the ground and first floor and there is a lift. The practice comprises of six consulting rooms, two treatment rooms, one patient waiting area, and administrative and management offices. Staff told us that there were plans to carry out renovations to parts of the building.

The practice has approximately 6100 registered patients. The practice population of patients aged 30 to 59 years is slightly higher than national averages. The area served by the practice was less deprived compared to national averages.

There are three female GP partners at the practice. The GPs work 27 sessions in total between them. The practice employs two female practice nurses and a healthcare assistant. The practice manager is supported by a team of administrative and reception staff. The practice is a training practice and two GPs are trainers.

Services are provided via a General Medical Services (GMS) contract.

Services are provided from the following location:

Rosemead Surgery

8a Ray Park Avenue

Maidenhead

Berkshire

SL6 8DS

The practice telephone lines are open between 8am and 6.30pm Monday to Friday. Appointment times are available between 8.40am and 11.10am and 3.30pm and 5.30pm Monday to Friday. Extended hours appointments are available from 6.30pm to 7.15pm on Mondays and Tuesdays and 7.30am to 8am on Thursdays and Fridays.

When the practice is closed patients can access out of hours assistance via the NHS 111 service.

### Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 27 April 2016. During our visit we:

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was not 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 that significant events were recorded on the forms but in some cases there was little information recorded about action plans, learning points, and review dates. However, we saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, and an apology. Where appropriate they were told about any actions to improve processes to prevent the same thing happening again.
- We saw evidence that action was taken to improve safety in the practice. For example, we saw that following a significant event relating to patient records a system was introduced to flag up patients with the same name to avoid errors.
- We were told that learning was shared between GPs at significant events meetings. The practice manager and nurses did not attend these meetings. We reviewed minutes of two of these meetings and they were very brief and did not contain comprehensive details of the events, action plans and review processes. The practice policy stated that significant events meetings should be multidisciplinary and relevant information from the meeting should be distributed to all necessary staff to ensure learning. The practice was not following their own policy. The practice manager shared learning relating from other significant events with nurses, administrative and reception staff verbally and by email.
- No annual analysis of significant events took place. Therefore, there was not a method for analysing trends in significant events and identifying learning from this.

- The practice staff received and actioned patient safety alerts.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs were trained to child protection or child safeguarding level three. Five members of reception / administration staff had not completed up to date adult safeguarding training and three had not completed up to date child safeguarding training.
- Notices in the waiting room and consulting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and they kept up to date with best practice. There was an infection control protocol in place and all staff except one nurse had received up to date training. Annual infection control audits were undertaken and we saw that there were no actions identified as a result of the last audit in March 2016.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat

## Are services safe?

prescriptions which included the review of high risk medicines. The practice carried out regular prescribing audits and medicine reviews to ensure prescribing was in line with best practice guidelines. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed two personnel files and found appropriate recruitment checks had not always been undertaken prior to employment for all staff. For one locum GP, there were no records of references. The GPs told us that locums were employed by the practice and not through an agency and they came through recommendation.

### Monitoring risks to patients

Risks to patients were not always assessed and well managed.

- There was a health and safety policy available with a poster in the staff kitchen which identified local health and safety representatives. All staff had completed up to date health and safety training with the exception of one health care assistant and one member of reception and administration staff who had started at the practice recently. Risk assessments were in place for lifting and tripping. Paper records were stored on shelving that the practice had identified as unsafe. There was a notice on the door of the room advising staff of this. The practice manager had obtained a quote for replacement shelving.
- The practice had a fire risk assessment dated February 2015. The practice carried out fire drills every six months but there were no records of who attended so there was not a system for ensuring all staff were practiced in what to do in the event of fire. Fire extinguishers had not been serviced since February 2014. Fire alarms were serviced in May 2015 and the date for the next service was November 2015 which was six months overdue. There was no evidence of tests of fire alarms. The practice manager showed us evidence that she had attempted to contact the company to arrange for work to be done on a number of occasions but they had not responded.

- The boiler was serviced in February 2016 and the report stated that there was insufficient ventilation and this had not been rectified at the time of the inspection. Carbon monoxide alarms were located outside the boiler room.
- Electrical equipment was not checked to ensure the equipment was safe to use. Clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises with pads for adults. There was oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.
- GPs told us that they did routinely carry emergency medicines when going on home visits, but would risk assess whether this was necessary on an individual basis.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. Exception reporting was higher than local and national averages for indicators relating to heart failure, hypertension, stroke and transient ischaemic attack, chronic kidney disease, and rheumatoid arthritis. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators was better than the national average for most indicators. For example, the percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August 2014 to 31 March 2015 was 100% compared to the national average of 94%.
- Performance for mental health related indicators was better compared to the national average. For example, the percentage of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months between 1 April 2014 and 31 March 2015 was 95% compared to the national average of 88%.

- The practice had also reviewed more recent QOF for March 2016 which was also 100%. This also showed high exception reporting in some areas. The practice described appropriate clinical reasons for these exceptions. They had developed approaches to continue to improve treatment provision and reduce exception reporting where possible. For example, the GPs told us how they personally telephoned patients to ask them to attend for appointments to ensure they received appropriate care and treatment.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last two years, four of these were repeat audits where the improvements made were implemented and monitored.
- The practice participated in local audits and training. For example, an audit had been carried out which reviewed the nature of referrals to secondary care in order that the referral process could be further improved.

### 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 first aid, manual handling, and health and safety.
- The practice could demonstrate how they provided role-specific training and updating for relevant staff. For example, for those clinicians reviewing patients with long-term conditions such as diabetes, chronic obstructive pulmonary disorder, and asthma and those involved with family planning. Staff also attended whole practice training days on a variety of topics.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to some appropriate training to meet their learning needs and to cover the scope of their work. However, not all staff had completed training in areas relevant to their role, in child and adult safeguarding, infection control, and health and safety.
- Ongoing support was also available through one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and

# Are services effective?

## (for example, treatment is effective)

nurses. All staff had received an appraisal within the last 12 months. The practice manager monitored the revalidation of nurses. We were told that GPs were responsible for ensuring their own revalidation.

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

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis and care plans were routinely reviewed and updated for patients with complex needs.

### 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.

### 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, patients with learning disabilities, carers, and those at risk of developing a long-term condition.
- Information was available in the waiting area and from clinicians about local support groups for a range of physical and mental health difficulties.

The practice's uptake for the cervical screening programme was 80%, which was slightly lower than the national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The percentage of patients aged 60-69, screened for bowel cancer in last 30 months was 55% compared to the CCG average of 55% and national average of 58%. The percentage of female patients aged 50-70, screened for breast cancer in last 36 months was 63% compared to a CCG average of 74% and national average of 72%. 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. The practice also encouraged patients to be screened for chlamydia, dementia, and diabetes where appropriate.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 99% and five year olds from 85% to 98%. CCG childhood immunisation rates for vaccinations given to under two year olds ranged from 84% to 95% and five year olds from 85% to 96%. Staff offered opportunistic immunisations where appropriate.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains and screens were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments. A number of the consulting rooms and treatment rooms were overlooked. GPs told us that some consulting and treatment room windows were fitted with privacy glass and where this was not the case curtains were drawn and screens were used during consultations to maintain privacy.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.

All of the 33 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Most of the comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients said they felt the practice offered an excellent service and patients said that staff were helpful, caring and treated them with dignity and respect.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. Patients 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 most comments 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 better than local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 85%.

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

- Staff told us that translation services were available for patients who did not speak English as a first language. There were no notices in the reception areas informing patients this service was available and not all reception staff were aware of how to access this service.

### 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. There was a link on the practice website to provide information about local services.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 77 patients as carers (1.2% of the practice list). They provided carers with information about support organisations. They also stated that if a carer was taken ill or hospitalised they would ensure that support was arranged for the person they cared for. There was written information available to direct carers to sources of support available to them, but information in the waiting area was limited.

Staff told us that if families had suffered bereavement, their usual GP contacted them if appropriate. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. There was also information about a private counsellor working at the practice displayed in the reception area and on the practice website.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had obtained funding from the Prime Minister's Challenge Fund and collaborated with other practice's to enable patients to receive appointments at evenings and weekends at other practices.
- The practice offered early morning and evening appointments for patients who could not attend during normal opening hours.
- There were longer appointments available for patients who needed these.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Appointments could be booked online, over the telephone, or face to face.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately. Patients were referred to other clinics for vaccines that the practice could not provide.
- There were disabled facilities, including ramp access, a lowered reception desk, disabled toilet, and lift.
- There was no hearing loop available in reception for people with hearing difficulties. This was recommended in the disability access audit completed in February 2015. Reception staff told us that if patients could not hear they would speak more loudly until the person heard which may have compromised confidentiality.
- There were interpreter services available but not all reception staff were aware of these.
- There were no patient information leaflets in other languages in the waiting area. Staff told us that patients usually came with relatives who could speak English.
- The automatic door at the entrance to the practice was not working. Records showed that problems with the door had been noted in September 2015. There was no way that patients using wheelchairs could easily seek

assistance from reception staff to enter the building. Staff told us that patients could use their own phones to telephone reception to ask reception staff to open the door for them.

- Patients with no fixed address could receive treatment at the practice.
- There were baby changing facilities and an area in the waiting room for children.

### Access to the service

The practice telephone lines were open between 8am and 6.30pm Monday to Friday. Appointment times were available between 8.40am and 11.10am and 3.30pm and 5.30pm Monday to Friday. Extended hours appointments were available from 6.30pm to 7.15pm on Mondays and Tuesdays and 7.30am to 8am on Thursdays and Fridays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 84% of patients said they could get through easily to the practice by phone compared to the CCG average of 74% and national average of 73%.

Seven of eight patients we spoke with on the day of the inspection said that they were able to get appointments when they needed them. Patient feedback on comments cards was that appointments were available when needed.

### 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 were designated staff responsible for handling complaints in the practice.
- We saw that written information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found that these were responded to in a timely

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

way. Responses were open and transparent and apologies were provided. Lessons were learnt from individual concerns and complaints, and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, where a complaint had been made about a referral not having been done, the referral was made

quickly. A system had also been put in place by the practice for GPs to double check referrals to external services each day. Nurses told us that they were aware of learning from individual complaints if these were specifically related to them, but not of more general learning from complaints.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy which reflected the vision and values of the practice. There was no formal business plan in place. However, staff had discussions about vision and strategy. For example, they had discussed how to meet the needs of increasing numbers of patients registering at the practice and had put in a bid for additional funding.

### Governance arrangements

The practice had a governance framework which supported the delivery of the strategy and care. However, improvements were required. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were available to all staff. However, practice policy was not always followed to ensure that learning was shared with all staff. For example, when sharing learning from significant events.
- A programme of continuous clinical audit was used to monitor quality and to make improvements.
- Arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were inconsistent. For example, there was not always clear documentation of significant events and meetings where these were discussed. Risks relating to the operation of the premises were not always mitigated. For example, risks associated with fire safety, gas safety, and portable electrical appliances were not always assessed and mitigated. Not all steps had been taken to ensure that the practice was easily accessible to individuals with diverse needs.

### Leadership and culture

On the day of inspection the partners in the practice told us they prioritised safe, high quality and compassionate care. The practice manager had worked hard to develop some

systems to help with the smooth running of the practice. Staff told us the partners and practice manager were approachable and took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support for staff in communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment the practice gave affected people reasonable support, truthful information and a verbal and written apology. However, the practice did not always keep detailed records.

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

- Staff told us the practice held regular meetings. However, not all relevant staff attended appropriate meetings. These were not always thoroughly minuted to ensure that learning from meetings could be shared with those not able to attend.
- 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.

### 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 regularly and submitted ideas for improvements to the

# Are services well-led?

Requires improvement 

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

practice management team. For example, we were told that the PPG had provided advice to the practice about how the waiting area should be redesigned to meet the needs of patients.

- The practice had gathered feedback from staff through appraisals and discussion. Staff told us they would 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 such as offering extra hours through the prime ministers challenge fund. The practice also collaborated with the PPG to offer social and fundraising events for patients. One GP was developing training with a local charity about barriers people with autism and Asperger syndrome.

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 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises</p> <p>15(1)(e) All premises and equipment used by the service provider must be properly maintained.</p> <p><b>How the regulation was not being met:</b></p> <p>There were not sufficient arrangements to assess and mitigate risks associated with fire. This included fire drills, checks of fire equipment to include fire alarms, extinguishers, and emergency lighting.</p> <p>Required actions following gas safety checks were not taken.</p> <p>Regular portable appliance testing checks did not take place.</p>
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>17(1) Systems or processes must be established and operated effectively to ensure compliance with the requirements in this Part</p> <p>17(2) Without limiting paragraph (1) such systems or processes must enable the registered person, in particular, to –</p> <p>17(2)(b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.</p> <p><b>How the regulation was not being met:</b></p> <p>There was not always clear documentation of significant events and meetings where these were discussed.</p>

This section is primarily information for the provider

# Requirement notices

The practice's policy was not followed and not all staff attended significant events meetings. The practice did not carry out annual reviews of significant events to ensure identification of trends.

There was not always adequate monitoring and mitigation of risks relating to fire safety, gas safety, and electrical appliances.

## Regulated activity

Diagnostic and screening procedures  
Family planning services  
Maternity and midwifery services  
Surgical procedures  
Treatment of disease, disorder or injury

## Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

18(2)(a) Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision, and appraisal as is necessary to enable them to carry out the duties they are employed to perform.

**How the regulation was not being met:**

The monitoring of training was weak and not all staff had completed up to date training relevant to their roles, such as safeguarding children and adults, health and safety, and infection control.