

# Cornford House Surgery

## Quality Report

364 Cherry Hinton Road,  
Cambridge,  
Cambridgeshire  
CB1 8BA

Tel: 01223 247505

Website: [www.cornfordhouse.org](http://www.cornfordhouse.org)

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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 Cornford House Surgery on 11 August 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 the practice had systems in place for reporting and recording significant events.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. For example, recruitment checks and infection control audits.
- The practice had identified 46 patients as carers (0.4% of the practice list). The practice did not have an icon on the clinical system to alert staff if the patient was a carer.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected

but the necessary subsequent repeat reviews were not regularly conducted to ensure that medicines that were subject to safety alerts continued to be adequately monitored.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they did not find it easy to make an appointment with a named GP however urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- 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 however some staff had not received an appraisal in the previous 12 months.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Ensure annual infection control audits continue to be completed.
- Ensure regular staff appraisals are undertaken.
- Ensure policies are reviewed regularly and relevant amendments made.
- The practice should be proactive in identifying carers.
- Ensure recruitment arrangements include all necessary employment checks for all staff for example, references and photographic identification.
- Ensure repeat reviews of patient safety alerts searches are regularly conducted to ensure that medicines that are subject to safety alerts continue to be adequately monitored.
- The practice should read code on their clinical system children who fail to attend a hospital appointment.
- Improve access to appointments for patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services.

**Requires improvement**



- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had adequate arrangements in place to respond to emergencies and major incidents.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe. We reviewed eight personnel files and found that not all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, five members of staff had proof of identification missing and three had no references recorded. However all files checked had qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service listed.
- The practice had not completed regular infection control audits. The practice manager advised a full audit was completed in July 2016 however there was no evidence of the practice having carried out an audit prior to that. We saw evidence of cleaning checks and all staff monitored the cleaning standards and reported any issues raised.
- Patient safety alerts were logged, shared and initial searches were completed and the changes effected but the necessary subsequent repeat reviews were not regularly conducted to ensure that medicines that were subject to safety alerts continued to be adequately monitored.
- The practice had 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. However the practice did not read code on their clinical system children who fail to attend a hospital appointment.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



# Summary of findings

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were generally in line with the clinical commissioning group (CCG) and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff however, some had not been completed annually.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

## Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Some patients who completed the Care Quality Commission comment cards and those we spoke with told us they did not find it easy to make an appointment with a named GP however urgent appointments were available the same day. The national GP patient survey results were published on 7 July 2016. The results showed that 49% of patients who responded

# Summary of findings

said they usually get to see or speak to their preferred GP compared to the CCG and national average of 59%. The practice had since made some changes to the on-line appointment booking system.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were policies which were in need of review and required updated information, the practice had identified this and had sourced an organisation to write some new policies for them.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for 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 but was mainly associated with the branch surgery in Fulbourn.
- There was a strong focus on continuous learning and improvement at all levels.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had 48 patients on their palliative care register and the practice worked closely with the multi-disciplinary team, out-of-hours and the nursing team to ensure proactive palliative care planning.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people, including rheumatoid arthritis and heart failure were in line with the local and national averages.
- The practice looked after patients living in local nursing homes. GPs undertook regular visits and visited patients as and when required.

### 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.
- The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients (QOF is a system intended to improve the quality of general practice and reward good practice). Data from 2014/2015 showed that performance for diabetes related indicators was 74%, which was 15 percentage points below the CCG average and the national average. The practice exception reporting for clinical indicators was 9% which was better than the CCG average of 13% and the England average of 11%. (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)
- Longer appointments and home visits were available when needed.

# Summary of findings

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

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances however the practice did not read code children who fail to attend a hospital appointment on their clinical system. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 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 was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice's uptake for the cervical screening programme was 89% which was above the CCG and England averages of 82%. The practice exception reporting for the clinical domain was 22% which was above the CCG average of 14% and the England average of 15%.
- The practice website included information on signs of stress and counselling services available to help with stress and depression.

Good





# Summary of findings

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice had 59 patients on the learning disabilities register.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and during out-of-hours.

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

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

Good



- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG and the national average by 11% with a 10% exception reporting which was the same as the CCG average and above the England average by 2%.
- The practice achieved 93% for mental health related indicators in QOF, which was above with CCG average by 1% and compared to the England average. The rate of exception reporting for these indicators was lower than both the CCG and England averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice website had information on various services and charities available to patients with poor mental health including the Psychological Wellbeing Service (Improving Access to Psychological Therapies (IAPT) which is an NHS initiative designed to make psychological or talking therapies more accessible to people experiencing common mental health problems).

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was generally performing in line with local and national averages. 270 survey forms were distributed and 123 were returned. This represented 46% of the practice's patient list.

- 65% of patients found it easy to get through to this practice by phone compared to the CCG average of 75% and the national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 87% and the national average of 85%.
- 81% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 76% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and 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 29 comment cards, 27 cards were positive about the standard of care received, however nine cards had negative comments regarding the length of time it took to see a specific GP. Two cards detailed issues with referrals, registering with the practice and privacy at the reception desk.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All four patients also said that obtaining an appointment was an issue.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Ensure annual infection control audits continue to be completed.
- Ensure regular staff appraisals are undertaken.
- Ensure policies are reviewed regularly and relevant amendments made.
- The practice should be proactive in identifying carers.
- Ensure recruitment arrangements include all necessary employment checks for all staff for example, references and photographic identification.
- Ensure repeat reviews of patient safety alerts searches are regularly conducted to ensure that medicines that are subject to safety alerts continue to be adequately monitored.
- The practice should read code on their clinical system children who fail to attend a hospital appointment.
- Improve access to appointments for patients.

# Cornford House 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 and a practice manager specialist adviser.

## Background to Cornford House Surgery

Cornford House Surgery is situated in Cambridge, Cambridgeshire. The practice provides services for approximately 11300 patients. It holds a General Medical Services contract. The practice has three male and three female GP partners and one male and three female salaried GPs. The team also includes five female practice nurses, two female health care assistants and one female phlebotomist. They also employ a practice manager, 15 reception staff, two secretaries and two members of administration staff. The practice is a teaching and training practice and had one registrar at the time of the inspection.

The practice is open between 8.15am and 6pm Monday to Friday. During out-of-hours GP services are provided by Urgent Care Cambridge via the 111 service.

We reviewed the most recent data available to us from Public Health England which showed that the practice had a lower than average practice population aged between 10-25 and a higher than average practice population between 35-39 and over 85 compared with the national England average. The deprivation score was significantly lower than the average across England.

As part of the inspection we visited Cornford House Surgery and the branch surgery in Fulbourn Health Centre.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 11 August 2016.

During our visit we:

- Spoke with a range of staff including GPs, nursing staff, the practice manager, reception and administration staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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 and a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Patient safety alerts were logged, shared and initial necessary searches were completed and the changes effected but the subsequent repeat reviews were not regularly conducted to ensure that medicines that were subject to safety alerts continued to be adequately monitored.

### Overview of safety systems and processes

Although risks to patients who used services were assessed, the systems and processes to address these risks were not robust enough to ensure patients were kept safe.

- There was scope for the practice to better reassure itself that it 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. However the practice had not completed regular infection control audits. The practice manager advised a full audit was completed in July 2016, however there was no evidence of the practice having carried out an audit prior to that. We saw evidence of cleaning checks and all staff monitored

the cleaning standards and reported any issues raised. We saw evidence that actions were planned or taken to address any improvements identified in the recent audit.

- We reviewed eight personnel files and found that not all of the appropriate recruitment checks had been undertaken for all staff prior to employment. For example, five members of staff had proof of identification missing and three had no references recorded. However all files checked had qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service listed.
- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three however the practice did not read code on their clinical system children who fail to attend a hospital appointment.
- 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 prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

## Are services safe?

- A notice in the waiting room advised patients that chaperones were available if required. All non-clinical staff who acted as chaperones were trained for the role. All staff who acted as chaperones 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).

### Monitoring risks to patients

Risks to patients were assessed.

- There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice used cryotherapy for the removal of skin lesions, warts and verrucas and had ensured that it was stored in an upright position and in a cool, well-ventilated area.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had received up to date basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available with an exception reporting of 9% which was better than the CCG average by 1% and the same as the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects)

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed that the practice was generally in line with the CCG and England averages:

- Performance for asthma related indicators was 99% which was 1% above the CCG and England average with a 5% exception reporting which was better than the CCG and England average of 7%.
- Performance for mental health related indicators was 93% which was 1% above the CCG average and the same as the national average with a 10% exception reporting which was better than the CCG average of 13% and the England average of 11%.

- Performance for chronic kidney disease related indicators was 93% which was 2% above the CCG average and 1% above the England average with a 9% exception reporting which was worse than the CCG average of 8% and the England average of 7%.
- Performance for diabetes related indicators was 74% which was below the CCG and England average by 15% with a 9% exception reporting which was better than the CCG average of 13% and the England average of 11%.

During the period of the QOF year 2014/2015, there was some extended sickness within the specialist nursing team at the practice. The practice had regular clinics for the management of diabetes. The practice provided results from their more recent unverified QOF data 2015/2016 which showed the practice had scored 531 out of a possible 559 points which was 95% of the total number of points available with a 9% exception reporting. The diabetes related indicators had improved to 85% with an exception reporting of 10%.

There was evidence of quality improvement including clinical audit.

- We looked at three clinical audits completed in the last two years which were all completed audits where the improvements made were implemented and monitored. For example, an audit of patients on asthma management in September 2015 showed that 98% of patients were using less than 12 reliever inhalers in a 12 month period, 100% were not prescribed a long acting reliever inhaler without a steroid inhaler and 52% had an asthma diagnosis clinical code on their record. The audit was repeated in March 2016 which showed similar figures of 98%, 100% and 54%. The partners then agreed to review these patients, adjust medication and refer onwards where appropriate. An audit of antibiotic use in May 2014 showed that 100% of patients had an allergy status recorded on the clinical system, 66% had the antibiotic prescribed within the relevant guidelines and 86% were for the correct duration of time. It was re-audited in September 2014 which showed an improvement in the figures of 100%, 71% and 90%. The audit highlighted a large number of conditions not covered in the antibiotic formulary used by the GPs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- High risk medications were monitored regularly by doing a search on the clinical computer system. The



# Are services effective?

## (for example, treatment is effective)

practice described and showed us how their recall system worked for various drug monitoring. The recall system in place was robust and the practice regularly checked that patients had been in for their blood tests and monitoring. There were 620 patients on ACE inhibitors (medicine used to treat high blood pressure) and 17 patients had not received the required blood monitoring by the practice in the last 36 months. The practice actively encouraged patients to attend for their blood tests.

### 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 topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, the nursing staff had completed their various updates including immunisations, vaccinations, cervical screening etc.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. Some reception and administration staff had not received an appraisal within the last 12 months.
- 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 regular basis when 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 and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, end

# Are services effective?

(for example, treatment is effective)

of life care. The practice had 48 patients on their palliative care register and they worked closely with the multi-disciplinary team, out-of-hours service and the nursing team to ensure proactive end of life planning.

The practice's uptake for the cervical screening programme was 89% which was above the CCG and England averages of 82%. The practice exception reporting for the clinical domain was 22% which was above the CCG average of 14% and the England average of 15%. There was a policy to offer three reminder letters and telephone reminders for patients who did not attend their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. Patients aged 60-69 screened for bowel cancer in the last 30 months was 64% with a CCG average of 59% and an England average of 58%. Females aged 50-70 screened for breast cancer in the last 36 months was 68% with a CCG and England average of 72%.

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 75% to 96%, which was comparable to the CCG average of 52% to 96% and five year olds from 87% to 94% which was comparable to the CCG average of 88% to 95%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice displayed in the waiting area confirming this was available however two of the comment cards expressed concerns over privacy at the reception desk.

From the Care Quality Commission comment cards we received, 27 of the 29 were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect. Two cards detailed issues with referrals, registering with the practice and privacy at the reception desk.

We spoke with three 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 comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% 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%.

- 75% 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 the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were generally in line with local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 73% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 79% 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 the national average of 85%.

The practice provided facilities to help patients to 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 did not see notices in the reception areas informing patients this service was available however the reception staff made patients aware when they registered.
- Information leaflets were available in easy read format.

## Are services caring?

- A chaperone service was offered to patients and clearly advertised in the waiting area and in the clinical rooms.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice had identified 46 patients as carers (0.4% of the practice list). The practice did not have an icon on the

clinical system to alert staff if the patient was a carer. A form was given to patients during registration to state whether they were a carer or cared for. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered early morning appointments from 8.15am for patients who could not attend during normal opening hours.
- Telephone appointments were available for patients if required. The practice used a text message appointment reminder service for those patients who had given their mobile telephone numbers.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice offered minor surgery on site. This included cryotherapy, coil and contraception implants.
- The practice website included information on signs of stress and counselling services available to help with stress and depression.
- The practice hosted a visiting midwife, antenatal phlebotomist, physiotherapist and chiropodist.
- The practice had in house phlebotomy appointments with the health care assistants and the phlebotomist.

### Access to the service

The practice was open between 8:15am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice offered online appointment booking, prescription ordering and access to the patient's own medical record.

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

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 65% of patients said they could get through easily to the practice by phone compared to the CCG average of 75% and the national average of 73%.

Some patients who completed the Care Quality Commission comment cards and those we spoke with told us they did not find it easy to make an appointment with a named GP however, urgent appointments were available the same day. The national GP patient survey results were published on 7 July 2016. The results showed that 49% of patients who responded said they could usually get to see or speak to their preferred GP compared to the CCG and national average of 59%.

The practice had completed a trial period of extended hours in both the morning and the evening for a three month period but the take up on it was low. The practice changed their on-line booking system to allow appointments to be booked from 6.30pm the night before and had a ratio of 60% pre-book and 40% which were available for urgent appointments. The practice manager was in discussion with the partners in regards to a change in the telephone system. The telephone system would then announce to the patient where they were in the queue and therefore give the patient the choice of whether to call back at a less busy time. The practice had two telephone numbers available for patients to use to contact the surgery.

The practice had a system in place to assess:

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

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 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.

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

- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster in the waiting room, information in the practice leaflet and on the practice website.
- We looked at four complaints received in the last 12 months and found these were satisfactorily handled,

dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from an analysis of trends. Actions were taken as a result to improve the quality of care. For example, two patients complained that they could not get an appointment in a timely way for a travel vaccination and an immediate apology letter was sent to the patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was on the practice website and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff however some were in need of review. The practice had recently sourced an organisation to write some new policies for them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with the exception of regular infection control audits and recruitment checks.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment;

- The practice gave affected people reasonable support 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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, The PPG had suggested automatic doors at the main entrance of the branch surgery to help with access issues and after discussions the doors were fitted.
- 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



## Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was a teaching and training practice for medical students and registrars and the practice regularly

sought feedback from them to improve their learning experience. The practice learned from the feedback and made changes to the structure of the training where necessary.