

# Grove Hill Medical Centre

## Quality Report

Kilbride Court, Grove Hill, Hemel Hempstead,  
Hertfordshire. HP2 6AD.

Tel: 01442 212038

Website: [www.grovehillmedicalcentre.nhs.uk](http://www.grovehillmedicalcentre.nhs.uk)

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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

<b>Overall rating for this service</b>	<b>Good</b>	
Are services safe?	<b>Good</b>	
Are services effective?	<b>Good</b>	
Are services caring?	<b>Good</b>	
Are services responsive to people's needs?	<b>Good</b>	
Are services well-led?	<b>Requires improvement</b>	

# 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 Grove Hill Medical Centre on 31 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 an effective system in place for reporting and recording significant events.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients were positive about the standard of care they received and about staff behaviours. They said staff were helpful, caring and professional. They told us that their privacy and dignity was respected 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- There were some weaknesses in the governance arrangements at the practice that, although not placing patients at risk of significant harm, could be strengthened to ensure the delivery of high quality care.

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that a Legionella risk assessment is completed and that any issues identified are resolved and that water temperature checks are completed correctly.
- Ensure that infection control audits are fully completed and that the issues identified and actions in place to resolve them are clear.
- Ensure sufficient quality assurance processes are in place, including implementing a structured programme of repeat cycle clinical audit.
- Ensure there is a formal and coordinated practice wide process in place for how staff access guidelines from NICE and use this information to deliver care and treatment.
- Ensure that at all times sufficient processes are in place and adhered to for the management and review of results received from secondary care services.
- Ensure that all staff employed are supported by completing the essential training relevant to their roles, including safeguarding adults training.
- Take steps to ensure that hot water temperatures at the practice are kept within the required levels.
- Ensure that at least one piece of photographic proof of identification is included in the personnel file of each member of staff.
- Ensure that checks on all emergency equipment are documented and that the Resuscitation Council guidelines displayed at the practice are up to date.
- Continue to identify and support carers in its patient population by providing annual health reviews.
- Ensure that, where practicable and appropriate, all reasonable adjustments are made for patients with a disability in line with the Equality Act (2010).

The areas where the provider should make improvements are:

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unexpected safety incidents, patients received reasonable support and truthful information. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Appropriate recruitment processes were in place. However, some staff files lacked one or more pieces of photographic identification.
- Risks to patients were assessed. However, the practice did not respond appropriately to its original Legionella risk assessment. Water temperature checks were completed incorrectly and hot water temperatures were below required levels. Although regular infection control audits were completed, the issues identified from the last audit and the actions in place to resolve them were not always clear.
- Adequate arrangements were in place to deal with emergencies. However, checks on the defibrillator were not always documented and the Resuscitation Council guidelines displayed were out of date.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mostly better than local and national averages. The practice's exception reporting was in line with or below local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance. However, there was no formal and coordinated practice wide process in place for how staff accessed guidelines from NICE and used this information to deliver care and treatment.

Good



# Summary of findings

- The practice participated in local audits which demonstrated quality improvement. However, some quality assurance processes were insufficient. There was no structured programme of repeat cycle clinical audit at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for staff.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice's governance and monitoring processes had failed to detect that for a relatively short period of time, some patients' pathology results had been assigned to a GP who was no longer working at the practice.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published in July 2016 showed that with one exception, patients rated the practice similar to local and national averages for all aspects of care. Senior staff at the practice were aware of the below average satisfaction score in one area and could demonstrate they were responding to it.
- 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.
- The practice had identified 66 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list. Of those, 40 were invited for and 16 (24%) had accepted and received a health review in the past 12 months. Although efforts were being made by the practice, the number of carers identified and receiving a health review could be improved.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.

Good



# Summary of findings

- Data from the National GP Patient Survey published in July 2016 showed that patients rated the practice in line with local and national averages for access to the practice. Most patients said they found it easy to make an appointment with a named GP and get through to the practice by phone and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs. However, there was no hearing loop available at the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- Staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on. The Patient Participation Group was active.
- There was a willingness to learn and improve at all levels within the practice.
- The overarching governance framework at the practice attempted to support the delivery of the strategy and good quality care. However, we found there were some weaknesses in the governance arrangements at the practice that, although not placing patients at risk of significant harm, could be strengthened to ensure the delivery of high quality care. Quality assurance processes and arrangements for identifying, managing and monitoring risks were in place but were not always comprehensive. Staff followed guidelines, but there was no formal and coordinated practice wide process to ensure this.

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 good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.
- Older people had access to targeted immunisations such as the flu vaccination. The practice had 585 patients aged over 65 years. Of those 383 (65%) had received the flu vaccination at the practice in the 2015/2016 year.
- There were named GPs for each of the care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients with scheduled visits every six months to complete health reviews for those patients.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 88% of patients on the asthma register had their care reviewed in the last 12 months. This was above the CCG average of 76% and the national average of 75%.
- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 98% of the points available compared to the CCG average of 91% and the national average of 89%.
- All newly diagnosed patients with diabetes were managed in line with an agreed pathway.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured six monthly review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GPs worked with relevant health and care professionals to deliver a multi-disciplinary package of care.

Good



# Summary of findings

## 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 may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were comparable to other practices in the local area 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.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There were six week post-natal checks for mothers and eight week checks for their children.
- A range of contraceptive and family planning services were available.

Good



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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services such as appointment booking and repeat prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- There was some additional out of working hours access to meet the needs of working age patients. There was extended opening every Wednesday until 7.30pm.

Good



## People whose circumstances may make them vulnerable

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

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

Good



# Summary of findings

were 14 patients on the practice's learning disability register at the time of our inspection and all had received a health review in the past 12 months (the practice completed the reviews every six months).

- The practice offered longer appointments for patients with a learning disability and there was a GP lead for these patients.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Additional information was available for patients who were identified as carers and there was a nominated staff lead for these patients.
- The practice had identified 66 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list.

## 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).

- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG and national average of 85%.
- Performance for mental health related indicators was better than the CCG and national averages. The practice achieved 100% of the points available compared to the CCG average of 96% and the national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice referred patients as required to mental health trust well-being workers based elsewhere.

Good



# Summary of findings

- There was a GP lead for dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was generally performing in line with local and national averages. There were 267 survey forms distributed and 113 were returned. This was a response rate of 42% and represented 2.5% of the practice's patient list.

- 79% found it easy to get through to this surgery by phone compared to a CCG average of 78% and a national average of 73%.
- 93% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 88% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 79% said they would definitely or probably recommend their GP surgery to someone who had just moved to the local area (CCG average 84%, national average 78%).

We asked for CQC comment cards to be completed by patients prior to our inspection. We received six comment cards. We also spoke with three patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were helpful, caring and professional and that their privacy and dignity was respected. They told us they felt listened to by the GPs and involved in their own care and treatment.

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. One of the patients who left a comment for us said there was occasionally a longer wait than they'd like to get a pre-bookable appointment. All of the patients we spoke with or who left comments for us were positive about access to same day and urgent appointments at the practice.

# Grove Hill Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP acting as a specialist adviser.

## Background to Grove Hill Medical Centre

Grove Hill Medical Centre provides a range of primary medical services from its premises at Kilbride Court, Grove Hill, Hemel Hempstead, Hertfordshire, HP2 6AD.

The practice serves a population of approximately 4,600. The area served is slightly less deprived compared to England as a whole. The practice population is mostly white British with some Central and Eastern European communities. The practice serves an above average population of those aged from 0 to 9 years, 30 to 44 years and 55 to 69 years. There is a lower than average population of those aged from 15 to 29 years, 45 to 54 years and 70 years and over.

The clinical team includes one male and two female GP partners, two practice nurses and one healthcare assistant. The team is supported by a practice manager and eight other administration and reception staff. The practice provides services under a General Medical Services (GMS) contract (a nationally agreed contract with NHS England).

The practice is staffed with the doors and phone lines open from 9am to 12.30pm and 1.30pm to 6pm Monday to Friday. Between 12.30pm and 1.30pm daily except Wednesdays the doors are closed and phones switched to voicemail and patients directed to emergency numbers if required. On Wednesdays there is no lunchtime closure

and there is extended opening until 7.30pm. Appointments are available from 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. An out of hours service for when the practice is closed is provided by Herts Urgent Care.

## 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 our inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. We carried out an announced inspection on 31 August 2016. During our inspection we spoke with a range of staff including two GP partners, one practice nurse, the practice manager and members of the reception and administration team. We spoke with three patients and a representative of the Patient Participation Group (the PPG is a group of patients who work with the practice to discuss and develop the services provided). We observed how staff interacted with patients. We reviewed six CQC comment cards left for us by patients to share their views and experiences of the practice with us.

# Detailed findings

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

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

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

- Older people

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The staff we spoke with were clear on the reporting process used at the practice and there was a recording form available on the practice's computer system. The incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment patients were informed of the incident, received reasonable support, truthful information and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out an analysis of significant events. These were managed consistently over time.

We reviewed safety records and incident reports and minutes of meetings where these were discussed. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, following the incorrect distribution of confidential documents the practice reviewed and amended its processes and procedures to prevent recurrence of the incident.

We also looked at how the practice responded to Medicines and Healthcare products Regulatory Agency (MHRA) and patient safety alerts. We saw that a process was in place to ensure all applicable staff received the alerts. With all the examples we looked at, appropriate action was taken to respond to the alerts and keep patients safe.

### Overview of safety systems and processes

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

- There were adequate arrangements in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for

safeguarding who were trained to the appropriate level. All staff had received child protection training. However, most staff were overdue completing adult safeguarding training. Despite this, all the staff we spoke with demonstrated they understood the relevant processes and their responsibilities. GPs were trained to an appropriate level to manage child safeguarding concerns (level three).

- Notices around the practice advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had either received a Disclosure and Barring Service (DBS) check or a risk assessment was completed as to why they did not require one. (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 saw the practice was visibly clean and tidy. Hand wash facilities, including hand sanitiser were available throughout the practice. There were appropriate processes in place for the management of sharps (needles) and clinical waste. One of the nurses was the infection control lead. There was an infection control protocol in place and infection control audits were completed regularly. Although the most recent audit was fully completed, the issues identified and any actions in place to resolve them were not always clear and lacked detail. However, we saw evidence from the preceding audit that action was taken to address any improvements identified as a result. A programme of infection control training was in place and all staff had completed this. All of the staff we spoke with were knowledgeable about infection control processes relevant to their roles.
- 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 Clinical Commissioning Group (CCG) medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, satisfactory evidence of conduct in previous employment, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we saw that some of the files we looked at lacked one or more pieces of photographic proof of identification.

### Monitoring risks to patients

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster displayed in the staff area which identified local health and safety representatives. The practice had an up to date fire risk assessment and a fire drill was recently completed. 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 senior staff we spoke with said they were aware that a Legionella risk assessment was completed at the practice at some point in the past (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, they had been unable to locate it and could not demonstrate they had responded to any actions identified in the original assessment. Consequently, before our inspection, the practice had a further assessment completed. The report had not been produced by the contractor at the time of our inspection. A programme of water temperature checking had commenced at the practice

in August 2016. However, we found that the wrong process was being used to check the water temperatures. Also, the hot water temperatures recorded were below the required level.

- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a system in place across all the different staffing groups to ensure that 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 and emergency buttons on the computers in all the consultation and treatment rooms that alerted staff to any emergency. The consultation and treatment rooms also contained a separate emergency alarm system.
- A programme was in place to ensure all staff completed basic life support training.
- The practice had a defibrillator and emergency oxygen with adult and child masks available on the premises. The staff we spoke with said these were checked and tested. A documented log of the checks on the defibrillator was not available although we found it to be fit for purpose. Also, we saw that the Resuscitation Council guidelines displayed at the practice were from 2002 and overdue an update.
- 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 business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff to use.

# 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.

- Although there was no formal and coordinated practice wide process in place, staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. They explained how care was planned to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- By using such things as risk assessments and to a limited extent audits, the practice monitored that these guidelines were followed.

### 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 showed the practice achieved almost 100% of the total number of points available. Data from 2014/2015 showed;

- Performance for diabetes related indicators was above the CCG and national averages. The practice achieved 98% of the points available with 13% exception reporting compared to the CCG average of 91% with 11% exception reporting and the national average of 89% with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national averages. The practice achieved 87% of the points available, with 1% exception reporting, compared to the CCG and national average of 84%, with 4% exception reporting.
- Performance for mental health related indicators was above the CCG and national averages. The practice

achieved 100% of the points available with less than 1% exception reporting compared to the CCG average of 96% with 9% exception reporting and the national average of 93% with 11% exception reporting.

Limited clinical audit demonstrated quality improvement.

- We looked at the one available full cycle (repeated) clinical audit completed in the past three years. This looked at the number of inadequate cervical smears completed by staff at the practice. We saw that the data was analysed and clinically discussed following the initial audit. When the audit was repeated the total number of inadequate smears taken reduced and the number of staff not achieving the local adherence target also reduced from two to one (based on the staff employed at the time of both audits).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as infection prevention and control, health and safety, fire safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources.
- 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 during clinical sessions, appraisals, mentoring, clinical supervision and facilitation and support for revalidating GPs. A programme was in place to ensure all staff received an appraisal on an annual basis and this was well completed.

# Are services effective?

## (for example, treatment is effective)

- Staff received training that included: child safeguarding, fire safety awareness and basic life support. Most of the training was provided in-house using external trainers on a face-to-face basis.

### Coordinating patient care and information sharing

In most cases 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 shared information systems.

- This included care and risk assessments, care plans, medical records and investigation and test results. However, our review of the practice's pathology results system showed there were 28 sets of results assigned to a GP who was no longer working at the practice. These had been assigned for up to 20 days. We raised this with senior clinical staff during our inspection who were not able to demonstrate if action had been taken on these 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings to discuss the needs of complex patients, including those with end of life care needs, took place on a monthly basis. These patients' care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision making requirements of legislation and guidance, including the Mental Capacity Act (2005).
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We saw the process for seeking consent was well adhered to and examples of documented patient consent for recent procedures completed at the practice were available.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their smoking cessation and weight management. Patients were signposted to the relevant services when necessary.
- Smoking cessation advice was available at the practice from the nurses.

The practice's uptake for the cervical screening programme in the 2014/2015 year was 81%, which was similar to the CCG average of 83% and 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. 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 consequence of abnormal results.

Bowel and breast cancer screening rates were in line with or slightly below local and national averages. Data published in March 2015 showed that:

- 56% of the practice's patients aged 60 to 69 years had been screened for bowel cancer in the past 30 months compared to the CCG and national average of 58%.
- 67% of female patients aged 50 to 70 years had been screened for breast cancer in the past three years compared to the CCG and national average of 72%.

However, these were nationally run and managed screening programmes and there was evidence to suggest the practice encouraged its relevant patients to engage with them and attend for screening.

Childhood immunisation rates for the vaccinations given were comparable to the CCG average. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85% to 96% and five year olds from 88% to 99%.

The practice participated in targeted vaccination programmes. This included the flu vaccination for children,

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

people with long-term conditions and those aged over 65 years. The practice had 585 patients aged over 65 years. Of those 383 (65%) had received the flu vaccination at the practice in the 2015/2016 year.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40 to 74 years. 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 that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Separate examination areas 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 area to discuss their needs.

The six patient Care Quality Commission comment cards we received were very positive about the service experienced and staff behaviours. The patients we spoke with said they felt the practice offered a very good service and staff were helpful, caring and professional and treated them with dignity and respect.

We spoke with a member of the Patient Participation Group. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Patient comments highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was mostly in line with average for its satisfaction scores on consultations with GPs and nurses with one exception. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 88%, national average 87%).
- 97% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).

- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 86% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

We discussed the below CCG and national average satisfaction score with senior staff during our inspection. They were aware of the practice's slightly below average satisfaction score for nurse care and concern. We were told this was the first time the practice had received a below average score in this area and additional training was being organised for the nursing staff.

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

The patients we spoke with or who left comments for us told us they felt involved in decision making about the care and treatment they received. They said their questions were answered by clinical staff and any concerns they had were discussed. 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.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were similar to local and national averages. For example:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care (CCG average 83%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

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

Notices and leaflets in the patient waiting area informed patients how to access a number of support groups and organisations. Links to such information were also available on the practice website.

## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients on the practice list as carers. This was approximately 1.4% of the practice's patient list. Of those, 40 were invited for and 16 (24%) had accepted and received a health review in the past 12 months.

A dedicated carers' notice board in the waiting area and a carers' pack available from reception provided information and advice including signposting carers to support services. Information was also available online (through the practice website) to direct carers to the various avenues of

support available to them. A member of non-clinical staff was the practice's carers' lead (or champion) responsible for providing useful and relevant information to those patients.

We saw that the practice notified staff of all recent patient deaths. From speaking with staff, we found there was a practice wide process for approaching recently bereaved patients. The GPs phoned and sometimes visited bereaved families offering an invitation to approach the practice for support and signposting them to local bereavement services.

# 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.

- All newly diagnosed patients with type two diabetes were referred for diabetic eye screening and to the DESMOND programme in adherence with National Institute for Health and Care Excellence (NICE) guidelines. (DESMOND is an NHS training course that helps patients to identify their own health risks and set their own goals in the management of their condition).
- 92% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months. This was above the CCG and national average of 85%.
- 88% of patients on the asthma register had their care reviewed in the last 12 months. This was above the CCG average of 76% and the national average of 75%.
- The practice provided an enhanced service in an effort to reduce the unplanned hospital admissions for vulnerable and at risk patients including those aged 75 years and older. (Enhanced services are those that require a level of care provision above what a GP practice would normally provide). As part of this, each relevant patient received a care plan based on their specific needs, a named GP and a review. At the time of our inspection, 73 patients (2% of the practice's patient population over 18) were receiving such care.
- There were longer appointments available for patients with a learning disability.
- There were 14 patients on the practice's learning disability register at the time of our inspection and all had received a health review in the past 12 months (the practice completed the reviews every six months).
- Home visits were available for older patients and patients who would benefit from these.
- There were named GPs for each of the care homes in the practice's local area. The GPs visited as and when required to ensure continuity of care for those patients with scheduled visits every six months to complete health reviews for those patients.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

- There were accessible toilet facilities for all patients and translation services including British Sign Language (BSL) were available. There was no hearing loop provided at the practice. The staff we spoke with told us there was no demand for this facility in their patient population.
- There was step free access to the main entrance. The waiting area was accessible enough to accommodate patients with wheelchairs and prams and allowed for manageable access to the treatment and consultation rooms which were all located on the ground floor.
- There were six week post-natal checks for mothers and eight week checks for their children.
- There were male and female GPs in the practice and patients could choose to see a male or female doctor.
- The practice referred patients as required to mental health trust well-being workers based elsewhere.

### Access to the service

The practice was fully open (phones and doors) from 9am to 12.30pm and 1.30pm to 6pm Monday to Friday. Between 12.30pm and 1.30pm daily except Wednesdays the doors were closed and phones switched to voicemail and patients directed to emergency numbers if required. On Wednesdays there was no lunchtime closure and there was extended opening until 7.30pm. Appointments were available from 9am to midday and 4pm to 6pm daily, with slight variations depending on the doctor and the nature of the appointment. In addition to GP pre-bookable appointments that could be booked up to three months in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was similar to local and national averages.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 76%.
- 79% of patients said they could get through easily to the surgery by phone (CCG average 78%, national average 73%).
- 65% of patients said they always or almost always saw or spoke to the GP they preferred (CCG average 62%, national average 59%).

# Are services responsive to people's needs?

(for example, to feedback?)

Almost all of the patients we spoke with or who left comments for us were positive about access to the practice and appointments. One of the patients who left a comment for us said there was occasionally a longer wait than they'd like to get a pre-bookable appointment.

Information was available to patients about appointments on the practice website. Patients were able to make their appointments and repeat prescription requests at the practice or online through the practice website.

## Listening and learning from concerns and complaints

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

- A complaints procedure was available and adhered to.

- There were two designated responsible people who handled all complaints in the practice. These were the practice manager and one of the GP partners.
- We saw that information was available to help patients understand the complaints system. A brief introduction to the practice's complaints procedure was available on its website and in the practice a complaints notice was displayed in the waiting area.

We looked at the details of four complaints received since 2015. We saw these were all dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care or patient experience. Following one complaint, the practice completed a full review of its use of a smoking substitute against local prescribing guidelines to ensure staff were adhering to protocol.

# 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 statement of purpose detailing its aims and objectives. These included providing holistic care for patients by addressing their physical, social and psychological needs. The practice aimed to use a patient centred approach that involved patients in decision making about their care and treatment.
- The monthly partners' meeting attended by the GP partners and the practice manager was used to monitor the strategic direction of the practice throughout the year. The main area of strategic focus of the practice in the past year was staffing. This included preparing for and responding to the retirement of the senior GP partner at the time and employing an additional member of non-clinical staff following a review of reception staffing requirements.

### Governance arrangements

The overarching governance framework at the practice attempted to support the delivery of the strategy and good quality care. However, we found there were some weaknesses in the governance arrangements at the practice that, although not placing patients at risk of significant harm, could be strengthened to ensure the delivery of high quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice through the use and monitoring of the Quality and Outcomes Framework (QOF) data and other performance indicators.
- Although some quality assurance processes were in place there was no structured programme of repeat cycle clinical audit at the practice. Only one such audit was completed at the practice in the past three years. However, the practice did participate in such things as medicines audits, with the support of the local Clinical Commissioning Group (CCG) medicines management team, to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, these were not always comprehensive. For example, the practice's original Legionella risk assessment could not be located and staff were not able to demonstrate they had responded to any actions identified in the original assessment. Consequently this needed to be completed again. Also, water temperature checks were completed incorrectly and in the latest infection control audit the issues identified and any actions in place to resolve them were not always clear and lacked detail.
- We found that staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. However, there was no formal and coordinated practice wide process in place to ensure this.
- We found the practice's governance and monitoring processes had failed to detect that for a relatively short period of time, some patients' pathology results had been assigned to a GP who was no longer working at the practice. Consequently no action was taken to review the results.

### Leadership and culture

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. There was a clear protocol in place for how decisions were agreed and the meeting structure supported this.

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

When there were unexpected safety incidents:

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

Staff felt supported by management.

- There was a regular schedule of meetings at the practice for multi-disciplinary teams and all staff to attend.

# Are services well-led?

Requires improvement 

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise and discuss any issues at the meetings and felt confident in doing so and supported if they did.
- Staff said they felt respected, valued and well supported and knew who to go to in the practice with any concerns. 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.
- There were named members of staff in lead roles. We saw there were nominated GP leads for safeguarding and patients with diabetes, learning disabilities and dementia. The leads showed a good understanding of their roles and responsibilities and all staff knew who the relevant leads were.

## Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. It sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the Patient Participation Group (the PPG is a community of patients who work with the practice to discuss and develop the services provided) and through comments and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. We saw that together a member of the PPG and one of the GPs had produced a diabetic support pack following feedback from patients at a learning event that the information available to them could be improved.
- The practice made use of the NHS Friends and Family Test (FFT). The FFT provides an opportunity for patients

to feedback on the services that provide their care and treatment. The results from January 2016 to April 2016 showed that all of the 15 respondents were likely or extremely likely to recommend the practice to friends and family if they needed similar care or treatment.

- We saw there was a comments and suggestions box available for patients to use in the waiting area. Any comments and suggestions made were reviewed by the practice manager.
- The practice had gathered feedback from staff through meetings and discussions. Staff told us they were able to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in how the practice was run.

## Continuous improvement

The practice team was forward thinking and aimed to learn and improve at all levels within the practice. One of the GPs was a qualified trainer and the practice had applied to become a GP training practice and was awaiting the outcome at the time of our inspection.

The practice was planning to expand into a connecting property and there was agreement in principle with the property owner to do so. This would ensure the practice was best placed to meet increasing demand and deliver the most effective and efficient patient care.

The practice hosted specialist patient group education events. The practice was due to host an education meeting on pre-pregnancy preparation and early pregnancy. This followed the success the practice had running events on healthy living and dietary advice for patients with diabetes in 2015.

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 Treatment of disease, disorder or injury	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>We found that the registered person had not fully protected people against the risk of inappropriate or unsafe care and treatment because some systems designed to assess, monitor and improve the quality of services for or mitigate the risks relating to the health and safety and welfare of patients and staff were insufficient.</p> <p>No action was taken in response to the practice's original Legionella risk assessment. Water temperature checks were completed incorrectly and in the latest infection control audit the issues identified and any actions in place to resolve them were not always clear and lacked detail.</p> <p>Some quality assurance processes were insufficient. There was no structured programme of repeat cycle clinical audit at the practice. There was no formal and coordinated practice wide process in place for how staff accessed guidelines from NICE and used this information to deliver care and treatment. The practice's governance and monitoring processes had failed to detect that for a relatively short period of time, some patients' pathology results had been assigned to a GP who was no longer working at the practice</p> <p>This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>