

# Horsmans Place Partnership

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Horsmans Place Partnership on 28 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events, and learning from these was discussed, shared and embedded at the practice.
- Risks to patients were assessed and well managed, including an infection control audit with identified actions and the date these were achieved.
- Medicines were well managed and organised within the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had received updates to training to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- The practice provided a personal list system for patients, which meant that patients had their own GP who would see them unless they required an emergency appointment.
- Patients said they were treated with compassion, dignity and respect, and 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, and the practice was open and transparent in responding to these.
- 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. However, the response to the GP patient survey rated the practice lower than the CCG and national averages for being able to get through on the telephone to make an appointment. The practice had an action plan to address this.

# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs. It had been refurbished to increase accessibility for patients with reduced mobility and for those with babies and small children.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The patient participation group (PPG) was active at the practice and improvements were made as a result of their input, reflecting the patient voice.

The areas where the provider should make improvement are:

- Continue to address and take action on areas below the local and national average as identified by the GP Patient Survey.

**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 and staff spoken with were able to give clear examples of changes that had been made in practice.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to help keep patients safe and safeguarded from abuse, including a designated safeguarding lead GP and appropriate training for all staff members.
- Risks to patients were assessed and well managed.
- Infection prevention and control was well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals for staff employed at the practice for over a year.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. For example, multi-disciplinary meetings were held regularly.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients' views gathered at the inspection showed that they felt treated with dignity and respect and involved in decisions about their treatment and care, and we observed that staff treated patients with kindness and respect and maintained confidentiality. However, data from the national GP patient

Good



# Summary of findings

survey showed patients rated the practice lower than others for several aspects of care compared to local and national averages. The practice were aware of this and working with an action plan to make changes according to the results of the patient survey. The patient participation group (PPG) were also aware of this and liaising with the practice to help to make improvements.

- 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.

- Services were planned and delivered to take into account the needs of different patient population groups and to help provide flexibility, choice and continuity of care.
- The practice provided a personal list system for patients, which meant that patients had their own GP and would see them unless they required an emergency appointment.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, but that it could be difficult to access the practice by telephone at peak times.
- Feedback from patients regarding how easy it was to make an appointment at the practice was varied.
- Urgent appointments were available the same day and patients could book in advance up to four weeks ahead. There was an on-line appointment booking system.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Good



# Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for 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.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- 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.
- Monthly multi-disciplinary meetings were held to discuss the care and treatment needs of complex patients including end of life care.
- Palliative Care Gold Standards Framework meetings were held monthly.
- Patients in local residential and nursing homes (approximately 20 patients) had a named GP who was solely responsible for their care and treatment.
- The practice worked in close liaison with the Dementia Community Team.

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.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which was higher than the CGG average of 87% and the England average rate of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice aimed to register whole families with the same GP for continuity of care.
- 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years (01/04/2014 to 31/03/2015) was 96% which was higher than the CCG average of 87% and the England average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. There were baby change and breast feeding facilities available.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- One member of the reception team was the designated person to work with young people.

## **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. For example, the doors of the practice remained open from 8am until 6.30pm, from Monday to Friday, however, the practice were not currently able to offer extended hours services. Staff told us that this would change when a new partner joined the practice in 2017.
- A text message reminder service had been introduced.
- 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.

Good



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

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

Good





# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was proactive in helping to ensure homeless patients were able to access care and support.
- The practice offered longer appointments for patients with a learning disability and the nursing team would carry out these appointments within the community where required.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- There was a safeguarding lead GP and all staff spoken with were aware of this and how to report any incident of concern.

## 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).

- 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which was higher than the CCG average of 86% and the national average of 88%.
- 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.

Good



# Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 263 survey forms were distributed and 105 were returned. This represented 1% of the practice's patient list.

- 38% of respondents found it easy to get through to this practice by phone compared to the national average of 73%.
- 62% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 75% of respondents described the overall experience of this GP practice as good compared to the national average of 85%.
- 63% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 50 comment cards which were all positive about the standard of care received. Two of these had positive and negative comments recorded. The comments included said that very good treatment was received which was responsive to their needs; that the GP's were thorough and caring and that they listened and gave enough time; that the staff team were polite and helpful and that the nursing team were able to put patients at their ease and treat them with compassion. Two cards made reference to difficulty getting an appointment, however, another one said that there was no difficulty getting an appointment and that the new hours at the practice were satisfactory. Reference was made to the good level of cleanliness at the practice.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to address and take action on areas below the local and national average as identified by the GP Patient Survey.

# Horsmans Place Partnership

## 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 an Assistant Inspector.

## Background to Horsmans Place Partnership

Horsmans Place Surgery is located in the urban town centre area of Dartford, Kent and provides primary medical services to approximately 10,500 patients. The practice is based in a purpose built building which has limited parking, but does have two spaces for disabled parking. The building is accessible for patients with reduced mobility and for people with pushchairs or prams.

The practice patient population is in line with the England national average. It is in an area where the population are mixed in terms of levels of deprivation, but overall it is recognised as being in a less deprived area. The area has a broad ethnic and socio-economic mix. There are people who live in the area who do not have English as their first language, and staff told us that there is a growing Eastern European population.

There are four GP partners at the practice two male and two female. The practice is registered as a GP training practice, for doctors seeking to become fully qualified GPs and currently has two trainees. There are five female members of the nursing team; three practice nurses and two health care assistants/phlebotomists. GP's and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday to Friday between 8am and 6.30pm. In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments are also available for people that need them. Appointments can be booked over the telephone, online or in person at the practice. Patients are provided with information on how to access an 'out of hours' provider by calling the surgery and in the practice leaflet.

The practice runs a number of services for its patients including: diabetes care, asthma and chronic obstructive pulmonary disease (COPD) management, minor surgery, family planning, phlebotomy, NHS cardiovascular health checks, ante and post-natal care, immunisations, and travel vaccines and advice.

Services are provided from Horsmans Place Surgery, Instone Road, Dartford, DA1 2JP.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 September 2016.

During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.
- Observed how patients were being cared for in the waiting area.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patient shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). We saw that the practice had recorded 11 significant events in a 12 month period and that these were broken down into type, i.e. clinical or administrative. The records were dated as the event was raised and minutes demonstrated that the items were discussed at practice meetings and learning was shared.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events to help ensure that there was learning from them.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, where there was a breach to the cold chain at the practice owing to a baby immunisations fridge dropping temperature for a period of three hours. We saw that the vaccine manufacturers were contacted and the vaccines quarantined as unusable, a replacement order was made and Public Health England was alerted. Minutes demonstrated that this incident was discussed at a clinical meeting.

### Overview of safety systems and processes

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

- There were arrangements to help 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 and this information was displayed on the wall in consulting and treatment rooms. There was a lead member of staff for safeguarding both adults and children, and clinical and non-clinical staff were aware of who this was. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system for identifying looked-after children and those on the child protection register, and this extended to include other family members where necessary. 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. The nurses at the practice were trained to level two in child safeguarding and had received training in safeguarding adults. All non-clinical staff had received foundation training in safeguarding children and adults and this was updated as required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a comprehensive cleaning schedule.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

## Are services safe?

recording, handling, storing, security and disposal). There were processes 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 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.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the secretaries' office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills and evacuations. Two fire marshals were identified and specific members of staff took responsibility for the fire drills and records. Fire equipment and emergency lighting was serviced and maintained. 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 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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to ensure enough staff were on duty. The majority of the administration staff team were multi-skilled and could work across different roles, and most had a designated area of responsibility. For example, there was a designated person to signpost young people to the appropriate services.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. As a result of a significant event the practice had put together an asthma kit, so that all equipment and medicines needed to respond to an asthma emergency were in one grab bag.
- 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 in reception.
- 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 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 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 discussions at meetings, risk assessments and audits.

### 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 99.5% of the total number of points available.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was similar to the national average. For example, the percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 April to 31 March (01/04/2014 to 31/03/2015) was 96% compared to 94% at CCG and national average. The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which was higher than the CCG average of 87% and the national average of 88%.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 95% compared to 86% at CCG level and 88% at national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits completed in the last two years, and these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken included a detailed referrals audit to examine the quantity and quality of referrals made by the practice which was due to be repeated at six monthly intervals

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. The trainee GP and locum induction pack at the practice was detailed and helped to ensure that new staff knew how to access support and how to raise concerns.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Practice nurses had completed training including in leg ulcer management, shingles, anticoagulation, dementia awareness and diabetes in healthcare. Other staff members had completed training in bereavement, conflict resolution, customer care, medical terminology and prescription medicines.
- 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,



# Are services effective?

## (for example, treatment is effective)

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

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

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis 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 and all staff spoken with were aware of implied and written consent.
- 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. Written consent forms were signed and scanned into the patient record.

### 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 had a Health Trainer who attended the surgery weekly to support patients with healthy eating, with alcohol and drug issues, emotional concerns and exercise. Patients were signposted to the relevant service.
- A dietician was available at the premises on a regular basis and smoking cessation advice was available from the Health Trainer.
- The practice was part of a scheme to refer patients to a local gym for a 12 week programme to improve their health and well-being.

The practice's uptake for the cervical screening programme was 96%, which was better than the CCG average of 87% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were systems in place to help ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

- Childhood immunisation rates for the vaccinations given were comparable to or lower than the CCG and national averages. For example, childhood immunisation rates for the vaccinations given to children up to 12 months ranged from 54% to 72%, the CCG average ranged from 87% to 93% and the national average ranged from 73% to 93%; for children 24 months the range was from 79% to 94% compared to the CCG average of 51% to 94% and the national average of 73% to 95% and for five year olds the range

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

was from 79% to 93% at the practice, from 85% to 94% at CCG level and from 81% to 95% at national average. Where appointments were missed, staff at the practice telephoned the family to rebook.

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 that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 50 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

The patient participation group (PPG) at the practice was active and a report displayed on the practice website showed how areas for improvement had been identified and acted upon. For example, a second handrail had been installed on the stairwell; a local telephone number had been introduced; members of the PPG had organised and tidied the patient information boards in the waiting area and a new four line telephone system had been introduced.

Comment cards highlighted that staff at the practice responded with compassion to requests for help and provided support to patients when required; they also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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

- 85% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.

- 86% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of respondents 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%
- 81% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 84% of respondents said they found the receptionists at the practice helpful compared to the CCG and 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 reviewed a sample of patients care plans and found these were extensive in content and 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 in line with local and national averages. For example:

- 83% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.
- 70% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 83% of respondents said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG average and comparable to the national average of 85%

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

## Are services caring?

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

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had a designated person responsible for identifying, supporting and signposting carers to relevant networks. The designated person was the first point of contact via the website and on the telephone for patients wanting to make themselves known to be carers. The practice had identified 150 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them and the practice contacted Carers First on their behalf to initiate a welcome pack being sent.

Staff told us that if families had suffered bereavement, a sympathy card was sent to them and that their usual GP would contact them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients who required them, including those living with a learning disability.
- The practice nurses carried out annual reviews as home visits for some patients with a learning disability. They also carried out home visits for nominated house bound patients for memory loss and anticoagulant reviews.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- There were referrals to a local fitness gym for patients to access physical exercise over a 12 week period.
- 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 only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with hearing loss could book appointments using fax or email and Royal Association for Deaf people interpreter services were available.
- Patients could choose not to have their name displayed on a screen in the waiting area to announce their appointment.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open from Monday to Friday between 8am and 6.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent on the day appointments were also available. Appointments' could be booked over the

telephone, online or in person at the practice. Patients were provided with information on how to access an out of hours provider (Integrated Care 24) by calling the surgery and in the practice leaflet.

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

- 65% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 38% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

The practice had met to discuss the outcome of the patient survey and had identified actions to be taken to help improve the response. For example, a new telephone system had recently been introduced with four lines rather than three; and a GP had been recruited to replace a partner who had recently left the practice.

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

The practice had a system in place to assess:

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

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.
- 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, there was a poster in the waiting area, and the information was available as a leaflet and on-line.

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

We looked at 13 complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified timeframes. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared and practice

meetings. Patients we spoke with were aware of the process to follow if they wanted to make a complaint. For example, where a patient presented with symptoms that were not identified, an apology was issued to the patient and the area was put into the GP's appraisal as a learning need to be followed up.

# 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 and the staff we spoke with were all aware of the aim to provide high quality healthcare placing the patient at the centre of their care and treatment.
- 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. These were reviewed and updated annually or as required.
- A comprehensive understanding of the performance of the practice was maintained.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings including monthly partners and management meeting, a monthly practice meeting and a monthly QOF meeting.
- 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 sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, they had tidied the information for patients on the notice boards in the waiting room and had contributed to the implementation of a new telephone system at the practice to help calls be answered more effectively.
- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. Staff

# Are services well-led?

Good 

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

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. Horsmans Place Partnership was a training practice which hosted trainee GPs. There were two GP trainers, one student education supervisor and two GP trainees (Registrars) at the practice at the time of inspection.