

# Avisford Medical Group

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Avisford Medical Group on 30 March 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.
- Risks to patients were assessed. However, improvement was needed in central record keeping of staff recruitment checks and training needs and in safety of equipment.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they 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.
- 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 areas where the provider must make improvements are:

# Summary of findings

- Conduct regular checks to ensure equipment is safe to use and clinical equipment is working properly.
- Carry out regular fire evacuation drills.
- Ensure the practice induction checklist is completed and held on file for all new employees.
- Introduce a central record of recruitment checks for staff.

The area where the provider should make improvement is:

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

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

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when things went wrong reviews and investigations were thorough and lessons learned were communicated to support improvement. Patients received a verbal and written apology.
- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe. For example the practice had not undertaken appropriate recruitment checks for all staff who acted as chaperones. However, these staff were never left alone with patients and the practice told us they had plans to undertake the relevant checks and review their chaperone policy.
- The practice had an up to date fire evacuation policy and conducted weekly fire alarm testing. However, they did not carry out regular fire drills.
- Regular checks to ensure equipment is safe to use and clinical equipment is working properly had not been performed.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- 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 and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Meetings with other healthcare professionals from the community and the local hospital took place on a fortnightly basis to develop care plans for older patients with complex health needs in order to prevent avoidable, unplanned hospital admission.
- The practice was responsive to the needs of older people and offered urgent appointments for those with enhanced needs.
- The practice employed a paramedic practitioner who visited older patients with enhanced needs in their own homes or residential care homes. This helped to minimise the number of unplanned hospital admissions.
- Wheelchairs were available in the waiting room for patients who needed help with mobility and we observed both reception and clinical staff assisting older patients to their appointments.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The diabetes practice nurse held a weekly diabetes clinic during which patients were able to convert to/from insulin according to need. This prevented these patients from having to attend hospital for this service and enabled the practice to deliver a more specialist service to these patients.
- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 80% which was the same as the CCG average of 80% and better than the national average of 78%.
- The practice was able to refer diabetic patients to a regular podiatry clinic held on the premises.
- Longer appointments and home visits available when needed.

# Summary of findings

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

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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 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.
- We saw positive examples of joint working with midwives and health visitors and both of these services were available from the practice.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice promoted different aspects of health promotion on its notice boards in the waiting room including alcohol awareness, tinnitus, cancer, stroke, exercise and asthma.

Good



## People whose circumstances may make them vulnerable

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

Good





# Summary of findings

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

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

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

- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was significantly better than the clinical commissioning group (CCG) average of 82% and the national average of 84%.
- 96% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.
- A community psychiatric nurse held weekly clinics from the practice.
- 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.
- A weekly on-site counselling service was available.
- 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.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 116 were returned. This represented 1% of the practice's patient list.

- 79% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.

- 88% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were all positive about the standard of care received. Patients commented on the friendly and professional approach of the staff and found the appointments system to be convenient for their needs. Patients stated that they found the overall care to be excellent.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients commended the helpfulness of the reception staff and the kindness of the GPs and nurses.

## Areas for improvement

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

- Conduct regular checks to ensure equipment is safe to use and clinical equipment is working properly.
- Carry out regular fire evacuation drills.

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

- Ensure the practice induction checklist is completed and held on file for all new employees.
- Introduce a central record of recruitment checks for staff.

# Avisford Medical Group

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Avisford Medical Group

Avisford Medical Centre incorporates two sites:

Yew Tree Surgery

North End Road

Yapton

West Sussex

BN18 0DU

and

Middleton Medical Centre

Elmer Road

Middleton-On-Sea

West Sussex

PO22 7SR

The practice provides services for approximately 10,278 patients living within the villages of Yapton, Middleton and surrounding areas. The practice holds a personal medical services (PMS) contract with NHS England for the provision of primary care services. Personal Medical Services (PMS) agreements are locally agreed contracts between NHS England and a GP practice.

The practice has a relatively large numbers of people aged 65 and older compared to the national average. Deprivation amongst children and older people is very low when compared to the population nationally. The local area attracts seasonal farm workers who are predominantly from eastern European countries and who register at the practice during the summer months. The practice has slightly more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of three GP partners, two salaried GPs and two long term locum GPs (five male and two female), the practice also employs two nurse practitioners, three practice nurses and three health care assistants as well as a paramedic practitioner. A practice manager is employed and there is a team of receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level two doctors.

The practice is open at both sites between 8am and 6.30pm on weekdays and appointments are available from 8.30am to 12pm and from 2.30pm to 6pm on weekdays. Extended hours appointments are available to accommodate people who may not be able to attend during normal hours at Middleton Medical Centre on Wednesdays from 7.30am to 8.30am and at Yew Tree Surgery on Thursdays from 6pm to 8.30pm. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to six weeks in advance. Patients are able to book appointments by phone, online or in person.

Patients are provided with information on how to access the duty GP or the out of hour's service by calling the practice or by referring to its website.

# Detailed findings

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning; and surgical procedures.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 25 February 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nursing, pharmacy and administrative team) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, 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 the significant events and met to discuss the outcomes.

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, there was an incident at the practice when a patient's carer presented to reception having received a needle stick injury when giving medicines to the patient. The administration team were unable to find the relevant protocol in the practice's online database. This was resolved immediately by asking for guidance from the practice manager, however following discussion with staff, a decision was made to move the policy to the area, which made more sense to staff. This meant that in future staff would be able to find the policy more easily.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly

outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The practice showed us evidence that three of the nurses were trained to child safeguarding level three and the remaining nurses and the paramedic practitioner were trained to child safeguarding level two.

- A notice in the waiting room advised patients that chaperones were available if required and all staff who acted as chaperones were trained accordingly. However, although the practice policy stated that only clinical staff could act as chaperones, in practice some of the receptionists were undertaking this role on a regular basis. The receptionists had not received a Disclosure and Barring Service (DBS) check to ensure they were suitable for the role. The practice recognised that they needed to review their chaperone policy and told us they would undertake DBS checks for all staff who acted as chaperones. (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 lead 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 arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy

## Are services safe?

teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- We reviewed personnel files for a GP, a nurse and a receptionist. We found the recruitment checks for the receptionist to be appropriate and undertaken prior to employment including proof of identification, references and qualifications. However, whilst the practice could demonstrate that checks had been undertaken, these were not on file and there was no central record of recruitment checks for clinical staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives and the practice carried out quarterly health and safety risk assessments. There was an up to date fire evacuation policy and the practice conducted weekly fire alarm tests. However, they did not carry out regular fire drills. We received notification of planned fire evacuation testing 48 hours after our inspection. Electrical equipment was not checked to ensure the equipment was safe to use and clinical equipment was not checked to ensure it was working properly. The practice acted on this promptly and sent us confirmation of a booked test date. The practice had a variety of other risk assessments in place to monitor

safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99% of the total number of points available.

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

- Performance for diabetes related indicators was better than or similar to the clinical commissioning group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 80% which was the similar to the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 96% which was better than the CCG average of 91% and the national average of 88%.
- The practice achieved above the national average for their management of patients with poor mental health. For example, 96% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months which was better than the CCG average of 90% and the national average of 88%.

- The practice achieved significantly higher than the local and national averages for the management of patients diagnosed with dementia. For example 100% of these patients had received a face-to-face review within the preceding 12 months which was better than the CCG average of 82% and the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the local and national averages achieving 83% in comparison with the CCG average of 83% and the national average of 84%.
- The exception reporting was significantly higher than average for chronic kidney disease (32% compared with CCG average of 17% and national average of 8%) and cardiovascular disease (75% compared with CCG average of 39% and national average of 30%). (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 practice explained that the exception reporting was significantly higher for patients in these two categories due to the high number of patients under the care of a hospital consultant who had chosen not to have routine follow up with the practice.

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits completed in the last two years, both of 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, there was an audit of GPs consultations with a cross section of patients. This included a comprehensive record of accuracy of clinical notes, prescribing within clinical guidelines and procedures, associated referrals and follow up. One of the areas identified for improvement was the need for GPs to discuss and record side effects of medicines with patients prior to prescribing. Clinicians were able to improve this aspect of their consultation to the benefit of patients.



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality as well as shadowing other team members. The practice told us the induction was tailored to suit each individual new recruit, however, there was no induction checklist on file for one employee to show that the induction had been completed and what topics had been covered.
- The practice held a record of role-specific training and updating for relevant staff.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice also held six weekly meetings with the local hospice to discuss patients receiving end of life care.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation were signposted to the relevant service.
- The practice held weekly smoking cessation clinics. We received positive comments from patients about the efficacy of this service and the health care assistant who ran the clinic told us she was proud of her success with this patient group.



# Are services effective?

(for example, treatment is effective)

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%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 97% to 99% (CCG 93% to 97%) and five year olds from 90% to 96% (CCG 91% to 96%).

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 19 patient Care Quality Commission comment cards we received were very 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.

We received email correspondence from the chair of the patient participation group (PPG) who told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. The PPG also told us they felt the practice served the local community very well. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 88% of patients said the GP was good at listening to them, which is in line with the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 90% of patients said the GP gave them enough time, which is in line with the CCG average of 87% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw which is in line with the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern, which is better than the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful, which is better than the CCG average of 88% and the national average of 87%.

The practice told us they were proud of these results as they worked hard to provide a good service to patients. We saw evidence that these results were discussed at team meetings and all staff were aware of the impact their care and service had on patients.

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

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments, which is better than the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care, which is better than the CCG average of 82% and the national average of 82%.

## Are services caring?

- 92% of patients said the last nurse they saw was good at involving them in decisions about their care, which is better than the CCG average of 85% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. These patients were predominantly including seasonal farm workers from eastern Europe. One of the GPs spoke three asian languages and the practice told us this encouraged the small local asian community to register at the practice. We saw notices in the reception areas informing patients about the availability of these services.
- 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 identified 171 patients as carers which represented 2% of the practice list. Written information was available in leaflet form and on a notice board in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to arrange a visit. This visit was then followed up with a patient consultation or phone call around six to eight months later to meet the family's needs by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours clinics to accommodate people who may not be able to attend during normal hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available. The reception staff explained that if patients were hard of hearing they spoke loudly and clearly or wrote things down to enable effective communication with these patients.

### Access to the service

The practice was open at both sites between 8am and 6.30pm on weekdays and appointments were available from 8.30am to 12pm and from 2.30pm to 6pm on weekdays. Extended hours appointments were available to accommodate people who may not be able to attend during normal hours at Middleton Medical Centre on Wednesdays from 7.30am to 8.30am and at Yew Tree Surgery on Thursdays from 6pm to 8.30pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 75% of patients were satisfied with the practice's opening hours, which is similar to the CCG average of 77% and the national average of 78%.
- 79% of patients said they could get through easily to the practice by phone, which is better than the CCG average of 73% and the national average of 73%.

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

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.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system including information at reception and on the notice boards and leaflets in the waiting room.

We looked at 31 complaints received in the last 12 months and found all of these were investigated, dealt with in a timely way with openness and transparency. The practice held a thorough discussion of all complaints and lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained that information about their diagnosis had unnecessarily been displayed on the prescription. On investigation it became apparent that the prescriber had been unaware that this information had been included on the electronic prescription at the time it was printed. Staff

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

were informed and asked to check information included on prescriptions before signing them so that this problem did not reoccur. The patient concerned received a written and verbal apology.

The practice also had a policy of discussing positive comments. For example a member of the reception team received written praise from a patient who had called to

ask whether there were any urgent appointments available that day due to acute pain. Although the practice had an appointment available later on that day, when a more immediate appointment became available, the receptionist called the patient back which meant the patient was seen more quickly and then stayed late in the practice to allow the patient to collect the prescription.

# 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 statement of purpose which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff in electronic and paper form.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### 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 very 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. These were held for the whole practice team around twice yearly as well as quarterly meetings for reception and administration staff and for the nursing team. The partners and the practice manager held a weekly meeting. Information discussed within each meeting was cascaded throughout the practice where relevant.
- 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. We observed a pleasant environment and good verbal communication between staff members.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met every six weeks and the practice manager and one of

# Are services well-led?

Good 

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

the GP partners attended this meeting. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had suggested

- The practice had gathered feedback from staff through staff surveys. Feedback included a request for more regular all practice meetings, which resulted in the practice policy of six monthly meetings. Another request related to the quality of the chairs in the waiting room. These were subsequently replaced with new chairs. Staff

told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and that they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p>The provider was unable to demonstrate that the equipment used by the service provider for providing care or treatment to a service user was safe for such use and used in a safe way.</p> <p>Regulation 12 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>