

# Stonecross and West Drive Surgery

## 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?

Requires improvement 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stonecross and West Drive Surgery on 23 June 2015. The practice operated a branch surgery that was not included in this inspection. Overall the practice is rated as good.

Specifically, we found the practice to be good for providing safe, effective, caring and responsive services. It was also good for providing services for older people, people with long-term conditions, families, children and young people, working age people (including those recently retired and students), as well as people whose circumstances may make them vulnerable and people experiencing poor mental health (including dementia). It required improvement for providing well-led services.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Risks to patients were assessed and well managed, with the exception of risks relating to the lack of routine checks and audits to monitor safety in some areas of the practice.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles, with the exception of some mandatory training that required updating.
- 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.
- Patients said appointments were usually available when needed, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a clear leadership structure and staff felt supported by management. Staff attended regular meetings, although GPs had little involvement in the meetings and did not hold their own management / partner meetings. Evidence of formal governance and decision-making arrangements in the practice was therefore poor.

There were areas of practice where the provider needs to make improvements.

Importantly the provider must:

- Ensure there are formal governance arrangements in place that include systems and processes to monitor safety, including premises audits, safety checks and appropriate risk assessments, as well as staff training audits.

In addition the provider should:

- Review the training requirements for staff in keeping mandatory training updated.
- Review the items of emergency medical equipment held at the practice.
- Review the arrangements for undertaking infection control audits.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were identified and recorded. There were enough staff to keep patients safe.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed that patient outcomes in most areas were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and further training had been planned, although some mandatory training required updating. There was evidence of appraisals and personal development plans for all staff. Staff worked with multi-disciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for some aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It reviewed the needs of its local population and engaged with the area clinical commissioning group (CCG) to secure improvements to services where these were identified. Patients said they usually found it easy to make an appointment with a named GP, although the practice had recognised that there had been some difficulties in patients getting routine appointments and had taken steps to address this. Patients said they received continuity of care and urgent appointments were available the same day. The practice had good facilities and was well equipped to treat patients and meet

Good



# Summary of findings

their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as requires improvement for being well-led. It had a statement of purpose and had developed a business plan that had been shared with all staff, who were aware of their responsibilities in relation to it. There was a clear leadership structure and staff felt supported by management and knew who to approach with issues. The practice had a number of policies and procedures to govern activity and these had been reviewed. Staff meetings were held, but the GP partners did not attend these. Governance / management meetings were not held to clearly identify how governance decisions were made and agreed amongst the GP partners. The practice governance arrangements did not include a system to audit all areas of safety. The practice had mechanisms to seek feedback from patients, although an active patient participation group (PPG) had not been established. All staff had received regular performance reviews.

**Requires improvement**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its patient population and had a range of enhanced services, for example, in end of life care. It was responsive to the needs of older people, and longer appointments and home visits were available when needed.

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. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, GPs worked with relevant health and care professionals to provide multi-disciplinary care.

Good



### 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 were subject to child protection plans. Immunisation rates were high for all standard childhood immunisations. Appointments were available outside of school hours and the premises were suitable for children and babies. The practice worked and liaised with midwives and health visitors.

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 reflected the needs for this age group.

Good



# Summary of findings

## People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances, such as those with a learning disability. It had carried out annual health checks for these patients and offered longer appointments where necessary.

The practice regularly worked with multi-disciplinary teams to manage the care and treatment of vulnerable patients. It provided information 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.

Good



## 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). Patients experiencing poor mental health had received annual physical health checks. The practice regularly worked with multi-disciplinary teams to manage the care and treatment of patients experiencing poor mental health, including those with dementia.

The practice provided information to patients experiencing poor mental health about how to access various support groups and voluntary organisations. Data showed that the percentage of these patients who had a comprehensive care plan recorded in the last 12 months was higher than the national average.

Good



# Summary of findings

## What people who use the service say

We spoke with six patients on the day of our inspection. All the patients we spoke with were positive about the services they received from the practice and said they felt the care and treatment was good. Patients told us they had no concerns about the cleanliness of the practice and that they always felt safe. Patients said referrals to other services for consultations and tests had always been efficient and prompt.

Patients were particularly complimentary about the staff, and said they were always caring, helpful and efficient, and that they were treated with respect and dignity.

The majority of patients told us the appointments system worked well and they were able to get same day appointments if urgent. Patients said they had enough time with the GPs and nurses to discuss their care and treatment thoroughly, they never felt rushed and that they felt involved in decisions about their care.

We reviewed 23 comment cards completed by patients prior to our inspection. The majority of comments were positive and expressed satisfaction about appointments,

the staff and being treated with care and consideration. They included comments in relation to having enough time with the GPs and nurses, as well as being involved in discussions and decisions regarding their care and treatment. There were some less positive comments in relation to getting routine appointments with the GPs and the practice had taken steps to improve this.

Information from the 2014 national patient survey showed that the practice had received mixed ratings when compared to other local practices and the national average ratings. For example, 70% of respondents said they found it easy to get through to the practice by telephone, compared to the local average of 64% and the national average of 73%. Also, 73% of respondents said they usually wait 15 minutes or less to be seen after their appointment time, compared to the local average of 61% and the national average of 65%. However, 81% of respondents said the last appointment they got was convenient, compared to the local average of 90% and the national average of 92%.

## Areas for improvement

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

- Ensure there are formal governance arrangements in place that include systems and processes to monitor safety, including premises audits, safety checks and appropriate risk assessments, as well as staff training audits.

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

- Review the training requirements for staff in keeping mandatory training updated.
- Review the items of emergency medical equipment held at the practice.
- Review the arrangements for undertaking infection control audits.



# Stonecross and West Drive Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

## Background to Stonecross and West Drive Surgery

Stonecross and West Drive Surgery provides medical care from 8am to 12pm and from 3pm to 6.30pm each week day. Practice staff are available to take telephone calls throughout the day, except between 12pm and 2pm, when the 'out of hours' service takes calls from patients. The practice is situated in the town of Chatham in Kent and provides a service to approximately 7,400 patients across two GP practices, including a branch practice within the same town. The branch surgery was not visited as part of this inspection.

Routine health care and clinical services are offered at the practice, led and provided by the GPs and nursing team. The practice has the highest number of patients registered between the ages of 15 and 44. There are fewer patients over the age of 65 registered at the practice than the national average, although the practice is in line with the local average for this age group. The number of patients recognised as suffering deprivation for this practice, including income deprivation affecting children, is higher than both the local and national averages.

The practice has three GP partners, two of which are male. There are two part-time female practice nurses, and two part-time female health care assistants. There are a number of administration staff and a practice manager at each practice.

The practice does not provide out of hours services to its patients and there are arrangements with another provider (111 / MedOCC) to deliver services to patients when the practice is closed. The practice has a general medical services (GMS) contract with NHS England for delivering primary care services to local communities.

Services are delivered from:

Stonecross and West Drive Surgery

25 Street End Road

Chatham

Kent. ME5 0AA

and a branch surgery:

West Drive Surgery

West Drive

Chatham

Kent. ME5 9XG

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

# Detailed findings

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. This 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.

This provider had not received a comprehensive inspection before and that was why we included them.

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 23 June 2015. During our visit we spoke with a range of staff, including the three GP partners, one practice nurse, two health care assistants, two administration staff and the practice manager. We spoke with patients who used the services. We reviewed comment cards that patients had completed to share their views about the practice.

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 are provided for specific groups of people and what good care looks 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)

# Are services safe?

## Our findings

### Safe track record

The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, responding to national patient safety alerts as well as comments and complaints received from patients. Staff were aware of their responsibilities to raise concerns, and knew how to report incidents and adverse events. There was a policy to guide staff on what was a significant event.

We reviewed safety records, incident reports and minutes of meetings that demonstrated the practice had managed these consistently over time and could therefore show evidence of a safe track record over the long term.

### Learning and improvement from safety incidents

The practice had a system for reporting, recording and monitoring significant events, incidents and accidents and we reviewed records of significant events that had occurred during the last year. Significant events were discussed regularly at practice meetings and there was evidence that the practice had learned from these and that the findings were shared with relevant staff. All staff, including reception and administrative staff, knew how to raise an issue for consideration at the meetings and said they felt encouraged to do so.

The practice manager was responsible for managing all significant events and we saw the system used to monitor these. We tracked four incidents and saw that comprehensive records were kept, the system had been followed appropriately and actions were taken as a result. For example, a change to the system for checking and preparing baby immunisations, to help ensure the correct immunisations were given. The findings had been reviewed and shared at a practice meeting with relevant staff. Records showed that where patients had been affected by something that had gone wrong, they were given an apology and informed of the actions taken to help prevent a re-occurrence.

National patient safety alerts were received and disseminated by the practice manager to practice staff. There was a system to help ensure that follow-up actions had been taken by staff to address safety issues relevant to the practice.

### Reliable safety systems and processes including safeguarding

The practice had systems to manage and review risks to vulnerable children, young people and adults. The practice had safeguarding policies, which clearly set out the procedures for staff guidance. The policies reflected the requirements of the NHS and social services safeguarding protocols and contained the contact details for referring concerns to external authorities, and these were easily accessible to staff.

The practice had a GP who was the designated lead in overseeing safeguarding matters and all the staff we spoke with told us they were aware of who the lead was and who to speak with in the practice if they had a safeguarding concern. GPs, nurses and administrative staff we spoke with were knowledgeable in how to recognise signs of abuse in vulnerable adults and children. They were also aware of their responsibilities and knew how to share information, properly record safeguarding concerns and how to contact the relevant agencies in working hours and out of hours. Training records demonstrated that the majority of staff had undertaken safeguarding training relevant to their roles, although the records for administration staff did not clearly identify the safeguarding training undertaken. The GPs had the necessary training to fulfil their roles in managing safeguarding issues and concerns within the practice.

There was a system to highlight vulnerable patients on the practice's electronic records. This included information so that staff were aware of any relevant issues when patients attended appointments, for example, children subject to child protection plans. GPs liaised with relevant organisations, such as social services, to share information in relation to concerns that were identified within the practice.

The practice had a chaperone policy. A chaperone is a person who accompanies a patient when they have an examination. We saw that the practice policy set out the arrangements, roles and responsibilities of staff who undertook chaperone duties. Administration staff did sometimes undertake chaperone duties, to provide flexibility in having staff available for patients who wished to have a chaperone. Patients were made aware that they could request a chaperone, and details were displayed in the practice waiting area. Staff who undertook chaperone duties had been trained to do so and a risk assessment had

# Are services safe?

been undertaken to consider and mitigate any known risks for staff who had not undergone criminal record checks with the Disclosure and Barring Service (DBS). (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).

## Medicines management

We checked medicines kept at the practice and found they were stored securely and were only accessible to authorised staff. There was a clear policy for ensuring that medicines were kept at the required temperatures, and staff described the action to take in the event of a potential failure. The practice staff followed the policy and we saw records of temperature checks for refrigerators used to store medicines.

Processes were in place to check medicine stocks and expiry dates. All the medicines we checked were within their expiry dates and suitable for use. Expired and unwanted medicines were disposed of in line with waste regulations. The practice did not keep controlled drugs.

The nurses used up-to-date Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. The health care assistant administered vaccines using Patient Specific Directions (PSDs) that had been produced by the prescriber. We saw evidence that nurses and the health care assistants had received appropriate training and been assessed as competent to administer the medicines referred to either under a PGD or in accordance with a PSD from the prescriber.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Blank prescription forms were handled in accordance with national guidance and were tracked through the practice and kept securely at all times.

## Cleanliness and infection control

The practice was clean and tidy. Patients we spoke with told us they always found the practice clean and had no concerns about cleanliness or infection control. The practice had an infection control policy, which included a range of procedures and protocols for staff to follow. For example, hand hygiene and the management of needle stick injuries.

Personal protective equipment including disposable gloves, aprons and coverings were available and staff were able to describe how they would use these to comply with the practice's infection control policy.

Staff we spoke with were knowledgeable about their roles and responsibilities in relation to cleanliness and infection control. A nurse was the designated lead for infection control. The training records showed that some staff had undertaken infection control training, although there were no records to demonstrate that the GPs and nurses had received updates in infection control training. An audit had been undertaken that included some areas of infection control, such as issues or risks relating to the management of clinical waste, general waste and the management and disposal of sharps.

Treatment and consultation rooms contained sufficient supplies of liquid soap, sanitiser gels, anti-microbial scrubs and disposable paper towels for hand washing purposes. Domestic and clinical waste products were segregated and clinical waste was stored appropriately and collected by a registered waste disposal company. Cleaning schedules were kept that identified the cleaning activity undertaken and a system was used to manage the cleaning products and equipment.

## Equipment

Clinical equipment was appropriately checked to help promote the safety of staff, patients and visitors. Staff told us that equipment used in the practice was routinely checked and said they had sufficient equipment to enable them to carry out diagnostic examinations, assessments and treatments. Equipment was tested and maintained regularly and records confirmed this, for example, records to demonstrate that portable electrical equipment had been tested.

## Staffing and recruitment

The practice had a recruitment policy that set out the standards it followed when recruiting staff, including protocols for checking qualifications, professional registration and obtaining references. Records showed that recruitment checks had been undertaken when employing staff. For example, proof of identification, qualifications and registration checks with the appropriate professional body. Criminal record checks through the Disclosure and Barring

## Are services safe?

Service (DBS) had been undertaken for GPs and nursing staff, and a risk assessment had been undertaken for administrative roles, where the practice had not considered DBS checks necessary.

Staff told us about the arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to help ensure that enough staff were on duty and arrangements for members of staff to cover each other's annual leave. Staff we spoke with said that there were usually enough staff to maintain the smooth running of the practice, and that there were always enough staff to keep patients safe. Patients we spoke with told us they felt there were enough staff in the practice to support their care and treatment needs.

### Monitoring safety and responding to risk

The practice had systems, processes and policies to manage and monitor risks to patients, staff and visitors to the practice. For example, a health and safety policy that included a range of procedures and protocols, including accident reporting and emergency procedures. Information was displayed for staff guidance, such as fire procedures, and security of the premises. Routine checks of the building were not undertaken, although a system had been implemented to monitor and record issues or concerns that were identified and reported, including the completion of risk assessments to minimise and manage risks until the issues were resolved.

We saw that staff were able to identify and respond to changing risks to patients including deteriorating health and well-being. For example, prescriptions were monitored for patients experiencing mental health problems, and urgent appointments arranged when needed.

### Arrangements to deal with emergencies and major incidents

The practice had arrangements to manage emergencies. Records showed that staff had received training in basic life support. Emergency equipment was available including access to medical oxygen and an automated external defibrillator (used to attempt to restart a person's heart in an emergency). Staff we spoke with knew the location of this equipment and told us it was checked regularly. Records showed that regular checks of the equipment were undertaken, although we found that the practice did not have an emergency oxygen mask for adults.

Emergency medicines were available in a secure area of the practice and all staff knew where they were kept. There were processes to check the stock and expiry dates of emergency medicines so that they were suitable for use. All the medicines we checked were in date and fit for use.

The practice carried out fire safety checks and a member of staff was the designated fire safety officer, although a fire risk assessment had not been completed to identify any risks or hazards in relation to the fire safety arrangements for the premises. A date had been booked and confirmed for fire safety training for practice staff.

The practice had an emergency and business continuity / recovery plan that included arrangements relating to how patients would continue to be supported during periods of unexpected and / or prolonged disruption to services. For example, interruption to utilities and unavailability of staff.

# Are services effective?

## (for example, treatment is effective)

## Our findings

### Effective needs assessment

The GPs were familiar with current best practice guidance and accessed guidelines from the National Institute for Health and Care Excellence (NICE) and from local commissioners. They used guidance and diagnostic tools available on the computer to access the most up-to-date assessment documents.

The practice engaged with the clinical commissioning group (CCG) and GPs attended regular meetings with the CCG. Information and guidance was disseminated and shared with relevant staff within the practice. The GPs led in specialist clinical areas, such as diabetes, respiratory disease and women's health and the practice nurses supported them in this work. Feedback from patients confirmed they were referred to other services or hospital when required.

All new patients who registered with the practice were offered a consultation with one of the nurses to assess their health care needs and to identify any concerns or risk factors that were then referred to the GPs.

Discrimination was avoided when making care and treatment decisions. Interviews with the GPs and other staff showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patients' age, gender, race and culture as appropriate.

### Management, monitoring and improving outcomes for people

Staff across the practice had key roles in monitoring and improving outcomes for patients, including data input, and contacting patients to attend clinical reviews. The practice kept registers to identify patients with specific conditions / diagnosis, for example, patients with long-term conditions including dementia, asthma, heart disease and diabetes. The practice participated in a scheme to help patients avoid unplanned admissions to hospital and the GPs and nurses monitored individual care plans to help ensure they were regularly reviewed. The electronic records system contained indicators to alert GPs and nursing staff to

specific patient needs and any follow-up actions required, for example, medicine and treatment reviews. All patients over the age of 75 had a named GP, who was responsible for their care and treatment.

The practice had a palliative care register and held multi-disciplinary meetings to discuss the care and support needs of patients and their families. We saw Quality and Outcomes Framework (QOF) data that indicated multi-disciplinary review meetings were held at least every three months to discuss patients on the register. (QOF is a national performance measurement tool used by GP practices to measure and compare their performance to other practices on a local and national basis).

Data collected for the QOF was reviewed at practice meetings and staff monitored the information to check performance in key clinical areas. The available QOF data showed that some indicators were higher than the national averages. For example, 87% of patients with hypertension (high blood pressure) had a blood pressure reading that had been taken in the last nine months that had been maintained within a safe range, compared to 83% nationally. The practice had achieved 97% of the total QOF target in 2014, which was above the national average of 94%. The practice was aware of areas where performance was not in line with national or local indicators, for example, in some areas of medicines prescribing and had taken action to address this. Antibiotic prescribing had been reviewed and monitored and meetings had been held with the area medicines management team. The practice had also been pro-active in providing information to patients about the appropriate use of antibiotics.

The practice had a system for completing clinical audits. Examples included an audit to review patients receiving calcium and vitamin D therapies. This was conducted to check that patients were receiving the correct medicines to effectively treat and manage their condition. The findings had resulted in some changes to patient medicines and dosage adjustments and follow-up reviews had been completed. Other audits had included stroke prevention in patients with atrial fibrillation and an audit of outcomes for patients with suspected bowel cancer, who had been referred for specialist treatment.



# Are services effective?

## (for example, treatment is effective)

There was a protocol for repeat prescribing which was in line with national guidance. Staff regularly checked that patients receiving repeat prescriptions had been reviewed by the GP and the computer system alerted staff to those patients who required a medicines review.

### Effective staffing

Practice staff included GPs, nurses, managerial and administrative staff. Staff attended training to help ensure their skills were kept up-to-date, including mandatory courses such as basic life support, although some training had not been updated, including infection control training for clinical staff and safeguarding training for administration staff. GPs and nurses had completed a range of specialist clinical training appropriate to their roles, for example, diabetes, asthma, and immunisation update training. GPs attended monthly protected learning sessions organised by their area clinical commissioning group (CCG) and nurses were supported to undertake further training to keep their clinical skills up-to-date. The practice was proactive in providing additional relevant training for administration staff, for example, customer care training.

Staff received annual appraisals and told us they felt this was beneficial in discussing their performance and identifying additional training. All the staff we spoke with felt they received the on-going support, training and development they required to enable them to perform their roles effectively.

GPs were up to date with their annual continuing professional development requirements and had either been revalidated or had a date for revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by NHS England can the GP continue to practise and remain on the performers list with the General Medical Council).

### Working with colleagues and other services

The practice worked with other health and social care professionals, such as community nurses, social services and other specialists to support the needs of patients. Multi-disciplinary meetings were held at the practice on a quarterly basis, which included the specialist palliative care team, to discuss individual patients, review their care needs

and agree on-going plans for care and treatments. Care plans were implemented for patients with complex needs and shared with other health and social care professionals when required.

The practice referred patients to hospital using the 'Patient Choose and Book' system (the Choose and Book system enables patients to choose which hospital they will be seen in and to book their own outpatient appointments in discussion with their chosen hospital) and used the two week rule for urgent referrals such as cancer. There were systems in place to check on the progress of any referral, to help ensure they had been received and actioned.

The practice received blood test results, x-ray results and letters from the local hospital including discharge summaries, out-of-hours GP services and the 111 service both electronically and by post. The practice had procedures that set out the responsibilities of all relevant staff in passing on, reading and acting on any issues arising from communications with other care providers on the day they were received. The GP who saw these documents and results was responsible for the action required. All staff we spoke with understood their roles and felt the system worked well.

### Information sharing

Staff told us that there were effective systems to help ensure that patient information was shared with other service providers and that recognised protocols were followed. For example, with the 'out of hours' service. An audit had been undertaken to review the system for the 'two week wait' and the findings indicated that this had been used effectively to refer patients for urgent follow-up treatment.

An electronic patient record system was used by staff to co-ordinate, document and manage patients' care. Staff were fully trained in how to use the system and told us that it worked well. The practice operated a system of alerts on patients' records to help ensure staff were aware of any issues, for example, alerts were used to indicate if a patient was also a carer. The system enabled scanned paper communications, such as those received from hospital, to be saved in the patients' record for future use or reference.

### Consent to care and treatment

# Are services effective?

(for example, treatment is effective)

The practice had a consent policy that governed the process of patient consent and provided guidance for staff. The policy described the various ways patients were able to give their consent to examination, care and treatment as well as how that consent was recorded.

Mental capacity assessments were carried out by the GPs and recorded on individual patient records. The records indicated whether a carer or advocate was available to attend appointments with patients who required additional support.

Although staff had not undertaken training in the Mental Capacity Act 2005, they were aware of the need to identify patients who might not be able to make decisions for themselves and to bring this to the attention of GPs and nursing staff.

## Health promotion and prevention

The practice had a process for informing patients who needed to come back to the practice for further care or treatment or to check why they had missed an appointment. For example, the computer system was set up to alert staff when patients needed to be called in for routine health checks or screening programmes. Patients we spoke with told us they were contacted by the practice to attend routine checks and follow-up appointments.

We saw a range of information leaflets and posters in the waiting area for patients, informing them about the practice and promoting healthy lifestyles, for example, smoking cessation, weight loss and exercise programmes. Information about how to access other health care services was also displayed to help patients access the services they needed, for example, sexual health, including chlamydia testing.

The practice offered and promoted a range of health monitoring checks for patients to attend on a regular basis. For example, cervical smear screening and general health checks including weight and blood pressure monitoring. We spoke with nursing staff who conducted various clinics for long-term conditions and they described how they explained the benefits of healthy lifestyle choices to patients with long-term conditions such as diabetes, asthma and coronary heart disease. The practice kept a register of patients who had a learning disability and promoted / encouraged annual health checks for these patients.

The practice had systems to identify patients who required additional support and were pro-active in offering additional services for specific patient groups. For example, 99% of patients with diabetes who were included in 'at risk' groups as having a long-term or chronic condition, had received the influenza vaccination, compared to 93% nationally. Similarly, 93% of patients experiencing poor mental health had a documented care plan recorded in the last 12 months, compared to 86% nationally. NHS health checks were offered to patients aged between 40 and 75 using national guidance, to identify health issues that required follow-up or further investigation.

The practice offered a full range of immunisations for children and travel vaccinations. Last year's performance was above average in the CCG area for the majority of childhood immunisations. For example, data showed that 100% of 5 year olds had received the meningitis booster vaccination, compared to the CCG local average of 92%. The practice had a system to follow-up non-attenders to help maintain a full programme of childhood immunisations.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We reviewed the most recent data available for the practice in relation to patient satisfaction. This included information from the national patient survey undertaken in 2014 and the results of questionnaires completed by patients and collated by the practice. The results showed that patients felt they were generally treated well, although there were some mixed results from the national patient survey.

Information from the national patient survey showed that patients had generally rated the practice either in line or below other local practices in some areas. For example, the data showed that 83% of respondents said that the last nurse they saw or spoke to was good at treating them with care and concern, which was in line with the local and national averages. In other areas, the practice had been rated below these averages. For example, when patients had been asked if the GPs were good at treating them with care and concern, 61% had responded positively, compared to the local average of 77%.

We spoke with seven patients on the day of our inspection, who told us they were satisfied with the care provided and that the practice was caring and understanding of their needs. They also told us the staff were helpful, and treated them with dignity and respect. We observed that reception staff were welcoming to patients, were respectful in their manner and showed a willingness to help and support them with their requests.

Patients had completed comment cards prior to our inspection, to tell us what they thought about the practice. We received 23 completed cards, all of which contained positive comments, although some comments were made in relation to difficulties in obtaining routine appointments. Patients said they felt the practice offered an excellent service and staff were efficient, helpful and caring. They said staff treated them with dignity and respect.

Staff and patients told us that all consultations and treatments were carried out in the privacy of a consulting room. Curtains were provided in consultation and treatment rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation / treatment room doors were closed during consultations and conversations could not be overheard.

The practice had a confidentiality policy, which provided guidance for staff in how to protect patients' confidentiality and personal information. Staff we spoke with were aware of their responsibilities in maintaining patient confidentiality and described how they followed the policy in practice. The reception desk and waiting areas were arranged in such a way that allowed privacy for patients. A notice was displayed to inform patients they could request a room for private conversations with staff if they wished.

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

The patient survey information showed there had generally been a positive response from patients regarding their involvement in planning and making decisions in relation to their care. Data from the national patient survey showed that 88% of respondents said that nurses were good at giving them enough time for discussions and 79% said they were good at involving them in decisions about their care, which was generally in line with both the national and local averages. GPs had been rated less well, with 73% of respondents saying that they felt the GPs were good at involving them in decisions about their care.

When we spoke with patients, they all told us they felt involved in decision making and were given the time and information by the practice to make informed decisions about their care and treatment. They said GPs and nurses took the time to listen and explained all the treatment options and that they felt included in their consultations. Patients told us they felt able to ask questions and were not rushed during appointments. Patient feedback from the comment cards we received was very positive in this respect and was consistent with the more positive survey results.

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

We observed that staff were supportive in their manner and approach towards patients. Patients told us that staff gave them the help they needed and that they felt able to discuss any concerns or worries they had. Patients who had suffered bereavement were contacted by the GPs and offered support.

Patient information leaflets, posters and notices were displayed that provided contact details for specialist groups offering emotional and confidential support to patients and carers. For example, counselling services and

## Are services caring?

bereavement support groups. The practice's electronic patient records system alerted GPs if a patient was also a carer. There was a range of information available for carers to help ensure they understood the various avenues of support available to them.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice was responsive to patient's needs and had systems in place to maintain the level of service provided. The staff we spoke with explained that a range of services were available to support and meet the needs of different patient population groups and that there were systems to identify patients' needs and refer them to other services and support if required. For example, referring patients with mental health needs to specialist groups or other health care professionals to provide additional support. Patients we spoke with who told us that they had been referred to other services promptly and test results were generally available quickly.

We observed reception staff making appointments for patients, including an urgent appointment for a young child. The staff were helpful in accommodating patients' wishes wherever possible. They found times to suit patients' working arrangements and if this was not possible, looked for other convenient times.

The practice had implemented suggestions for improvements and made changes to the way it delivered services in response to feedback from patients. The practice did not have a patient participation group (PPG), although we were told this was planned and notices were displayed inviting membership. In the absence of a PPG, the practice had taken account of the views of patients from other sources, including the NHS friends and family test questionnaires, comments from the practice patient survey, complaints and general feedback. This had resulted in some changes to the way services were delivered, including increasing the number of appointments available during the afternoon, offering more telephone consultations and recruiting an additional GP, who was joining the practice in the near future.

### Tackling inequity and promoting equality

The practice was located in purpose-built premises that accommodated the needs of patients with mobility issues. The waiting area was large enough to accommodate patients with wheelchairs and prams and accessible toilet facilities were available. Interpretation services were available by arrangement for patients who did not speak English and a hearing loop system was available for those patients with hearing difficulties.

The practice took account of the needs of different patients in promoting equality and had an equalities and diversity policy for staff guidance. Although staff had not undertaken formal equality and diversity training, they were able to demonstrate an awareness of the needs of different patient groups. For example, identifying those patients with learning disabilities to help ensure they received appropriate care and support, including an annual assessment of their health care needs.

### Access to the service

Appointments were available from 8am to 12pm and from 3pm to 6.30pm each week day. Practice staff were available to take telephone calls throughout the day, except between 12pm and 2pm, when the 'out of hours' service was available to take calls.

Patients could book an appointment by telephone, online or in person. Appointments were bookable for the same day and pre-bookable appointments were also available. Home visits were arranged for those who found it difficult to attend the practice, for example older patients who were housebound. The practice supported local care homes for older people and for those with learning disabilities and a GP from the practice visited residents on a regular basis, and if required urgently. Longer appointments were available for patients who needed them, for example, if they had long-term conditions or complex health care needs. Telephone consultations were offered to patients on a daily basis and these had been increased in response to patient feedback, to provide additional access to the GPs.

Patients were generally satisfied with the appointments system and those we spoke with all expressed confidence that urgent problems or medical emergencies would be dealt with promptly, that staff knew how to prioritise appointments for them and that they would be seen the same day. The staff we spoke with had a clear understanding of the triage system to prioritise how patients received treatment. For example, the practice had a system to identify and prioritise patients at risk of unplanned hospital admissions to help ensure they had urgent access to a GP appointment.

The national GP patient survey information we reviewed showed there had generally been a positive response from patients in relation to questions about access to appointments. For example, 82% of respondents said they were able to get an appointment the last time they tried,

# Are services responsive to people's needs?

(for example, to feedback?)

which was slightly above the local average. Similarly, 70% of respondents said they usually waited less than 15 minutes to be seen, compared to the local average of 60% and the national average of 65%. However, 49% of respondents said they were satisfied with the practice opening times, compared to the local average of 65%. The practice had adjusted its opening times in response to patient feedback in the past and planned to review this again when the additional GP joined the practice.

Information was available to patients about appointment times in the patient information booklet and also in the practice reception area, including how to arrange urgent appointments and home visits. There were also arrangements to help ensure patients received urgent medical assistance when the practice was closed. Information about the 'out of hours' service was provided to patients in the practice reception area, in the patient information booklet and displayed outside the practice. A telephone message informed patients how to access services if they telephoned the practice when it was closed.

## **Listening and learning from concerns and complaints**

The practice had a system for handling complaints and concerns. There was a complaints policy and a procedure that was in line with NHS guidance for GPs and there was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system. The complaints procedure was included in the practice information booklet, there was a separate complaints leaflet and the procedure was displayed in the patient waiting / reception area. There were also questionnaires for patients to complete to provide comments and feedback to the practice. The practice kept a log of all complaints received and we looked at three complaints that had been addressed in the last year. These had been satisfactorily handled and dealt with in a timely way and in accordance with the practice policy. Letters of apology were sent where appropriate and details about who to contact if the complainant remained unhappy with the outcome of their complaint.

The practice had produced a summary report of the complaints received for the previous year and identified where changes had been made as a result of some of the complaints received. For example, the procedure for issuing repeat prescriptions had been revised following a lost request. Complaints were reviewed and shared with staff at practice meetings, including any changes that were implemented as a result of complaints made.

# Are services well-led?

Requires improvement 

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

## Our findings

### Vision and strategy

The practice had a 'statement of purpose' that set out the aims and objectives of the practice, to provide high standards of patient centred care. These objectives were used to inform individual learning objectives and when speaking with staff, it was clear that the leadership / management team promoted a collaborative and inclusive approach to achieve its purpose.

The practice had also developed and implemented a business plan that set out the longer term objectives for the next three years. This had been shared with staff and the clinical commissioning group (CCG).

### Governance arrangements

The practice had a leadership structure with named members of staff in lead roles. For example, there was a lead GP for safeguarding and a lead nurse for infection control. We spoke with five members of staff who were clear about their own roles and responsibilities. They told us they felt valued, well supported and knew who to go to in the practice with any concerns or issues.

The practice had regular practice meetings, although these were not attended by the GPs. The meetings were overseen by the practice manager and all other practice staff attended. Matters of clinical and general governance were discussed, including quality, risks, safety and practice performance. Whilst the minutes of these meetings were shared with the GP partners, the practice was unable to demonstrate that the GPs took an active role and were involved in governance and leadership arrangements. Governance / management meetings were not held to clearly identify how governance decisions were made and agreed amongst the GP partners.

There were systems and processes to monitor quality and performance. This included collating information from the Quality and Outcomes Framework (QOF) to monitor on-going performance. QOF data indicated that the practice was performing either in line or above national standards in most areas and where improvements were required, follow-up actions were agreed with the staff who had designated responsibility for the QOF process.

The practice had an audit system to monitor the quality of clinical care and treatments provided to patients. Clinical

audits had been undertaken to identify where action should be taken to improve treatment outcomes, including audits to review medicine prescribing in patients with specific conditions. Changes had resulted and repeat audits had been completed to monitor on-going outcomes. Repeat audits were planned where initial audits had been recently undertaken.

Audits to monitor safety in the practice were not always undertaken. For example, the practice did not have a training plan / schedule to demonstrate what training staff had previously received or were due to receive and to identify any gaps. An infection control audit had not been undertaken to identify risks associated with infection prevention and control. Health and safety audits and checks of the premises were not routinely undertaken and recorded. The practice did however, keep a risk log, where individual risks in relation to the premises and its staff were identified, recorded and monitored. However, a fire risk assessment had not been undertaken to identify any fire safety issues or risks in relation to the premises.

The practice had a number of policies and procedures to govern activity and these were available on the computer and accessible for staff guidance and reference. We looked at 13 of these and saw that they had been reviewed in the last year. The practice manager was responsible for human resource policies and procedures. These included a disciplinary procedure, grievance procedure and appraisal policy, which were in place to support staff.

### Leadership, openness and transparency

We spoke with the practice GPs who told us they advocated and encouraged an open and transparent approach in managing the practice and leading the staff team. Staff we spoke with told us they felt there was an 'open door' culture, the GPs were approachable, they felt supported and were able to approach the senior staff about any concerns they had. They said there was a good sense of team work within the practice and communication worked well.

All staff said they felt their views and opinions were valued. They told us they were positively encouraged to speak openly to all staff members about issues or ways they could improve the services provided to patients and in the running of the practice. Minutes from practice meetings showed that staff participated and contributed their views.

# Are services well-led?

Requires improvement 

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

## **Practice seeks and acts on feedback from its patients, the public and staff**

The practice had gathered feedback from patients through patient surveys, as well as comments and complaints received by the practice and completed questionnaires from the NHS friends and family test survey. The practice did not have a patient participation group (PPG), although it was actively seeking members so that a group could be established within the next 12 months. The results from the patient survey had been reviewed and an action plan developed to consider any areas of improvement that could be made. This included a review of the appointments system to offer additional appointments. Changes had also been made as a result of patient feedback, including the introduction of a hearing loop system, and the introduction of a mobile retinal screening unit that was available at the practice each month.

The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff we spoke with told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. They said they felt involved and engaged in the practice to improve outcomes for both staff and patients.

The practice had a whistleblowing policy which was available to all staff on the practice computer. Staff told us they were aware of the policy and knew where to find it if needed.

## **Management lead through learning and improvement**

The practice GPs and nursing staff accessed on-going learning to improve their clinical skills and competencies. For example, attending specialist training for diabetes, and childhood immunisation. Nursing staff told us they were given the opportunity to receive additional training in specific areas. For example, a training course had been arranged in conducting NHS health checks for patients over the age of 40. Administration staff said they had time set aside for learning and development, such as attending regular forums supported by the CCG.

Formal appraisals were undertaken to monitor and review performance, and to identify training requirements and learning objectives.

Reviews of significant events and other incidents were completed and shared with staff at meetings. This helped to ensure learning was achieved and improved the outcomes for patients who used the services.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not established systems or processes that operated effectively to ensure that the services provided were assessed, monitored and mitigated the risks relating to the health, safety and welfare of service users and others, who may be at risk, which arise from the carrying on of the regulated activities, because the governance arrangements within the practice did not include a system of safety audits. The provider had not undertaken an infection control audit, a staff training audit, a health and safety audit of the premises and a fire risk assessment to monitor and manage the risks associated with fire safety. The provider did not have formal governance arrangements in place to evaluate and improve practice, as governance meetings were not held that included the practice partners.</p> <p>Regulation 17(1)(2)(b)(f)</p>