

# Cowplain Family Practice and Queenswood

## Quality Report

26-30 London Road

Cowplain

Waterlooville

Hampshire

PO8 8DL

Tel: 02392 263138

Website: <https://oakshealthcare.gpsurgery.net/>

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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

**This practice is rated as Good overall.** (Previous inspection July 2015 – Good)

The key questions are rated as:

Are services safe? – Requires Improvement

Are services effective? – Good

Are services caring? – Good

Are services responsive? – Good

Are services well-led? – Good

As part of our inspection process, we also look at the quality of care for specific population groups. The population groups are rated as:

Older People – Good

People with long-term conditions – Good

Families, children and young people – Good

Working age people (including those recently retired and students – Good

People whose circumstances may make them vulnerable – Good

People experiencing poor mental health (including people with dementia) – Good

We carried out an announced comprehensive inspection at Cowplain Family Practice on 20 March 2018 as part of our inspection programme.

At this inspection we found:

- The practice had strong patient participation group (PPG) representation, with 13 members who meet face to face with the practice. They supported the practice during seasonal flu clinics and the practice's open morning.
- There was easy access to appointments especially at the Cowplain Family Practice premises due to the open surgery system. Patients attended on the day that their named GP was available and waited for an appointment.
- Cowplain Family Practice operated personal lists of patients and the GPs reported they knew their patients well and were able to provide good access to their services as a result.
- The practice's percentage for breast and bowel screening rates were above the national average.
- The practice proactively addressed the concerns of patients regarding their upcoming relocation of the branch site into the main Cowplain premises building by holding an open morning in the premises to answer questions and introduce patients to the new facilities that would soon become available to them. This was well-attended by over 300 patients and comments received in response to the event were largely positive.
- The practice did not manage all the risks and needed to have clearer systems to manage risk so that safety

# Summary of findings

incidents were less likely to happen. For example there was not access to appropriate personal protective equipment for staff to use on a daily basis; to include non-sterile aprons and nitrile gloves for non-invasive procedures.

- Not all staff members had received relevant training such as Safeguarding Adults and Children, and Mental Capacity Act 2005 training.
- Paper documents regarding for patients care had not always been scanned onto patients electronic care record in a timely manner. Documents containing clinical trial details had not been added to electronic patient records.
- Safety alerts were not being closely monitored so that all alerts were being actioned and closed appropriately.
- Sharps bins were not maintained in line with general guidance.
- The practice routinely reviewed the effectiveness and appropriateness of the care it provided. It ensured that care and treatment was delivered according to evidence- based guidelines.

- Staff involved and treated patients with compassion, kindness, dignity and respect.
- Patients found the appointment system easy to use and reported that they were able to access care when they needed it.
- There was a focus on continuous learning and improvement at all levels of the organisation.

The areas where the provider **must** make improvements as they are in breach of regulations are:

- Ensure care and treatment is provided in a safe way to patients

The areas where the provider **should** make improvements are:

- Review the practice's emergency medicines such as the storing of Dexamethasone

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

# Cowplain Family Practice and Queenswood

## 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, practice manager, and practice nurse specialist advisers.

## Background to Cowplain Family Practice and Queenswood

Cowplain Family Practice is situated in purpose built premises, in a village north east of Portsmouth in Hampshire. The practice has an NHS general medical services contract to provide health services to approximately 15,380 patients. The practice is registered with the Care Quality Commission to provide the following regulated activities treatment of disease, disorder or injury, surgical procedures, diagnostic and screening procedures, maternity and midwifery services and family planning.

The practice has one registered location and a branch site. The registered location is situated at:

Cowplain Family Practice

26-30 London Road Cowplain Waterloo Hants PO8 8DL.

The branch site is situated at:

Queenswood Surgery 223 London Road Cowplain Waterloo Hants PO8 8DA.

The registered location and its branch now operate as under the name of Oaks Healthcare.

The practice is located in an area of low deprivation, scoring nine out of ten on the deprivation scale. In a score of one to ten, the higher the decile the less deprived an area is. The average life expectancy of the practice population is higher than the national average. The practice population is higher than the national average in the age groups over 65 years.

The Cowplain Family Practice is open on Mondays from 8am to 6.30pm, and Tuesdays to Fridays from 7.30am to 6.30pm. The Queenswood branch is open from 8.15am to 6.30pm Monday to Friday. Out of hours services (OOH) for both locations are provided by Partnering Health Limited. The practice also uses the local GP Extended Access based within Waterloo Hants Health Centre from 6.30pm to 8pm Monday to Friday as well as 8am to 4.30pm on Saturdays and Sunday mornings. Patients can access the OOH service via the NHS 111 number as instructed on the practice website and by contacting the GP surgery.

The practice consists of eight GP partners and one salaried GP. There are four male and five female GPs. The practice is a teaching and remedial practice and at the time of inspection there was one trainee GP and one medical student attached to the practice. Remedial training practices offer additional support to trainee GPs who have experienced difficulties in their training. There are five practice nurses, a diabetes specialist nurse and an advanced nurse practitioner with three healthcare assistants, supported by a nurse manager. The clinical

## Detailed findings

team are supported by a business manager, two operations managers, two reception managers and a team of receptionist, secretarial and administrative staff. There is also a pharmacist and prescribing team at the practice.

# Are services safe?

## Our findings

**We rated the practice, and all of the population groups, as requires improvement for providing safe services.**

### Safety systems and processes

The practice did not manage all the risks and needed to have clearer systems to manage risk so that safety incidents were less likely to happen.

- The practice had a suite of safety policies including adult and child safeguarding policies which were regularly reviewed and communicated to staff. Staff received safety information for the practice as part of their induction. Policies were regularly reviewed and were accessible to all staff, including locums. They outlined clearly who to go to for further guidance.
- There was a system to highlight vulnerable patients on records and a risk register of vulnerable patients.
- The practice worked with other agencies to support patients and protect them from neglect and abuse. Staff took steps to protect patients from abuse, neglect, harassment, discrimination and breaches of their dignity and respect.
- The training log provided by the practice prior to inspection showed that 43 out of 52 members of staff had received Safeguarding Adults training whilst 40 members of staff had undertaken Safeguarding Children training, with all GPs trained to Level 3. A further nine staff were booked to undertake Safeguarding Children training within the month of inspection. Staff spoken to on the day knew how to identify and report concerns. Reports and learning from safeguarding incidents were available to staff. Staff who acted as chaperones were trained for the role and had received a DBS check. The practice confirmed four members of the nursing staff and the business manager had previously received chaperone training, while a further six members of the nursing staff were booked to receive the training in May 2018.
- The practice carried out staff checks, including checks of professional registration where relevant, on recruitment and on an ongoing basis. Disclosure and Barring Service (DBS) checks were undertaken where required. (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).
- There was an effective system to manage infection prevention and control. There was a designated Infection Prevention and Control Lead based at Cowplain Family Practice who covered both sites
- Not all the systems for safely managing healthcare waste were carried followed. We found that three sharps bins had a date of opening from 2015 and 2016.
- The practice ensured that facilities and equipment were safe and that equipment was maintained according to manufacturers' instructions. On review of the personal protective equipment (PPE) it was found that aprons were only available if a sterile dressings pack was opened. As a result staff were not routinely using aprons to protect themselves during non-invasive procedures by creating a barrier from potentially harmful health hazards. The practice provided vinyl gloves for routine use, rather than nitrile gloves unless there was a sterile minor operation procedure being undertaken. Nitrile gloves have previously been identified as the appropriate type of glove for those at risk of a latex allergy and have been found to be more resistant to puncture risks.
- However, the practice have since provided evidence to show that orders had been placed prior to inspection for non-sterile aprons and wall-mounted dispensers for aprons and gloves, following the recommendations made in an external infection prevention and control audit, completed on 25 January 2018.
- We observed cleaning audits undertaken by the practice. However, there was no documented evidence to show that clinical and treatment rooms were being cleaned on a daily basis. The practice has provided rationale since inspection for not having a 'tick-list' system to demonstrate the daily cleaning of clinical and treatment rooms; instead they have introduced comprehensive cleaning schedules of daily tasks and undertake regular cleaning audits. The rooms at Cowplain Family Practice were visibly clean however, at Queenswood clinical room shelves were cluttered with box files and books.
- The cleaning of the practice was contracted out to a new external cleaning company In December 2017.
- A daily cleaning log for practice equipment and consultation rooms was seen during inspection but the

# Are services safe?

log did not include the practice's spirometer. (Spirometers are a device used in the diagnosis and monitoring of patients with certain lung conditions. It routinely has a single-use mouth connector for patients to blow into).

## Risks to patients

There were adequate systems to assess, monitor and manage risks to patient safety.

- There were arrangements for planning and monitoring the number and mix of staff needed. There was an effective approach to managing staff absences and for responding to epidemics, sickness, holidays and busy periods.
- There was an effective induction system for temporary staff tailored to their role.
- The practice was equipped to deal with medical emergencies and staff were suitably trained in emergency procedures. The training log provided by the practice prior to inspection showed that 50 out of 52 staff had undertaken Basic Life Support (BLS) training and 41 members of staff out of 52 had undertaken fire safety training in the previous two years. A training schedule for 2018 was provided on inspection day that showed face-to-face refresher training days for both BLS and fire safety were planned for April and August 2018. The practice also provided evidence to show if staff were not able to attend the face-to-face training, an online learning module must be completed within the same month of the training session.
- Staff understood their responsibilities to manage emergencies on the premises and to recognise those in need of urgent medical attention. Clinicians knew how to identify and manage patients with severe infections including sepsis.
- When there were changes to services or staff the practice assessed and monitored the impact on safety.
- Following a diagnosis of meticillin-resistant *Staphylococcus aureus* (MRSA) in a small number of patients, the practice had introduced longer appointments at the end of a clinic to ensure efficient cleaning time after affected patients had attended. MRSA is a bacterial infection and is known to be resistant to many antibiotic treatments. MRSA can be spread by touch either with someone who has MRSA or by touching surfaces and objects that have the MRSA bacteria left on them.

## Information to deliver safe care and treatment

Staff had the information they needed to deliver safe care and treatment to patients.

- Individual care records were written and managed in a way that kept patients safe. The care records we saw showed that information needed to deliver safe care and treatment was available to relevant staff in an accessible way.
- The practice had systems for sharing information with staff and other agencies to enable them to deliver safe care and treatment. There was a documented approach to the management of test results.
- The practice confirmed a backlog of read coding and scanning of documents onto patient records but on review there were no documents that had not been seen by a GP first, as all documents had a GP signature on them as confirmation of a GP having reviewed them. Most of the documents were receipts of fax referrals, or the results of patients' home blood pressure monitoring. The matter was addressed with the practice who were able to provide an action plan of how the backlog was to be addressed which included an additional member of staff being utilised and a protocol for developing the practice's Workflow process would be created.
- Three additional documents were found not to have been scanned onto patients' electronic records but they did have a signature belonging to a clinician. Two of the three documents were letters regarding patients being part of new clinical trials, but on review of patient records, only one record contained any written details regarding a clinical trial but did not mention what the clinical trial contained. Since inspection, the practice has informed us they had discovered a two-page letter had become separated. They have since scanned this document on to the relevant patient record.
- Referral letters included all of the necessary information.

## Safe and appropriate use of medicines

The practice had reliable systems for appropriate and safe handling of medicines.

- The systems for managing and storing medicines, including vaccines, medical gases, and emergency medicines and equipment minimised risks.
- The practice kept prescription stationery securely and monitored its use.

## Are services safe?

- Staff prescribed, administered or supplied medicines to patients and gave advice on medicines in line with legal requirements and current national guidance. The practice had reviewed its antibiotic prescribing and taken action to support good antimicrobial stewardship in line with local and national guidance.
- There were effective protocols for verifying the identity of patients during remote or online consultations.
- Patients' health was monitored to ensure medicines were being used safely and followed up on appropriately. The practice involved patients in regular reviews of their medicines.
- There were adequate systems for reviewing and investigating when things went wrong. The practice learned and shared lessons, identified themes and took action to improve safety in the practice. The practice had recorded a significant event whereby a wheelchair bound patient did not receive due care and attention. The patient involved received a verbal apology following the incident. The incident was reviewed at a practice meeting and as a result subsequent changes were made to the practice Wheelchair Patients Protocol.
- There was a system for receiving and acting on safety alerts. The practice learned from external safety events as well as patient and medicine safety alerts. Safety alerts came via the practice's main email address and were delegated to a relevant clinical team for actioning; nurses were reported to action safety alerts regarding devices and equipment while the pharmacist or prescribing team dealt with medicines alerts. However when asked, the nurses were not able to recall a recent Patient Safety Alert (PSA) regarding the use of oxygen cylinders in GP practices, issued in January 2018.
- We reviewed what action the practice had taken following a recent medicine alert around the discontinuation of Eysma. (Eysma is typically used in the treatment of uterine fibroids). The practice had run a search of all patients on this medicine. Four had been identified and all were contacted to offer a blood test and review of their medicines.

### Track record on safety

The practice had a good safety record.

- There were comprehensive risk assessments in relation to safety issues.
- The practice monitored and reviewed activity. This helped it to understand risks and gave a clear, accurate and current picture that led to safety improvements. The practice confirmed that a fire risk assessment was undertaken in December 2017 which identified six necessary actions, all of which had been completed by the time of inspection.

### Lessons learned and improvements made

The practice learned and made improvements when things went wrong.

- There was a system and policy for recording and acting on significant events and incidents. Staff understood their duty to raise concerns and report incidents and near misses. Leaders and managers supported them when they did so.

# Are services effective?

(for example, treatment is effective)

## Our findings

**We rated the practice and all of the population groups as good for providing effective services.**

(Please note: Any Quality and Outcomes Framework (QOF) data relates to 2016/17. QOF is a system intended to improve the quality of general practice and reward good practice.)

### Effective needs assessment, care and treatment

The practice had systems to keep clinicians up to date with current evidence-based practice. We saw that clinicians assessed needs and delivered care and treatment in line with current legislation, standards and guidance supported by clear clinical pathways and protocols.

- Patients' immediate and ongoing needs were fully assessed. This included their clinical needs and their mental and physical wellbeing.
- We saw no evidence of discrimination when making care and treatment decisions.
- The practice had a blood pressure machine in the waiting room for patients to use. Several patients were witnessed being encouraged to use and using this device during inspection.
- Staff used appropriate tools to assess the level of pain in patients.
- Staff advised patients what to do if their condition got worse and where to seek further help and support.

### Older people:

- Older patients who are frail or may be vulnerable received a full assessment of their physical, mental and social needs. The practice used an appropriate tool to identify patients aged 65 and over who were living with moderate or severe frailty. Those identified as being frail had a clinical review including a review of medication.
- Patients aged over 75 were invited for a health check. If necessary they were referred to other services such as voluntary services and supported by an appropriate care plan.
- The practice followed up on older patients discharged from hospital. It ensured that their care plans and prescriptions were updated to reflect any extra or changed needs.
- Staff had appropriate knowledge of treating older people including their psychological, mental and communication needs.

### People with long-term conditions:

- Patients with long-term conditions had a structured annual review to check their health and medicines needs were being met. For patients with the most complex needs, the GP worked with other health and care professionals to deliver a coordinated package of care.
- Staff who were responsible for reviews of patients with long term conditions had received specific training.
- GPs followed up patients who had received treatment in hospital or through out of hours services for an acute exacerbation of asthma.
- The practice was in line with national guidance for monitoring patients with long-term conditions, for example, 94% of patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD) have received an assessment review of breathlessness in the previous 12 months. COPD is a long-term condition that affects the lungs and the most common symptoms are increasing breathlessness when active and a persistent productive cough.

### Families, children and young people:

- Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with the target percentage of 90% or above.
- The practice had arrangements to identify and review the treatment of newly pregnant women on long-term medicines. These patients were provided with advice and post-natal support in accordance with best practice guidance.
- The practice had arrangements for following up failed attendance of children's appointments following an appointment in secondary care or for immunisation, whereby a follow-up letter is sent to the parent or carer advising them of the need for immunisation. If two further follow-up letters were sent, a flag was added to the patient record so that any health care professional who sees the patient can further prompt for the need for immunisation. The practice's policy on the non-engagement of children was seen and clearly outlined this process.
- The practice had a named health visitor who had been invited to attend a quarterly primary health care team meeting whereby particular cases of concerns were discussed.

# Are services effective?

## (for example, treatment is effective)

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

- The practice's uptake for cervical screening was 80%, which was in line with the coverage target for the national screening programme.
- The practices' uptake for breast and bowel cancer screening was above the national average. 77% of eligible patients attended for breast cancer screening, compared to the national average of 70% in the preceding three years, while 65% of eligible patients had attended bowel cancer screening, compared to the national average of 56%, in the previous two and half years.
- The practice had systems to inform eligible patients to have the meningitis vaccine, for example before attending university for the first time.

People whose circumstances make them vulnerable:

- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- One of the GPs has recently been trained as a Section 12(2) Approved Doctor under the Mental Capacity Act 2005 and has been identified as an Approved Deprivation of Liberty Safeguards, as well as a Mental Health and Mental Capacity assessor.

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

- 99% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the previous 12 months. This is higher than the national average of 84%.
- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the previous 12 months. This is higher than the national average of 90%.
- The practice specifically considered the physical health needs of patients with poor mental health and those living with dementia. For example 97% of patients experiencing poor mental health who had received discussion and advice about alcohol consumption, which is comparable to the clinical commissioning group average of 94% and the national average of 91%.

- Patients at risk of dementia were identified and offered an assessment to detect possible signs of dementia. When dementia was suspected there was an appropriate referral for diagnosis.

### Monitoring care and treatment

The practice had a comprehensive programme of quality improvement activity and routinely reviewed the effectiveness and appropriateness of the care provided. Where appropriate, clinicians took part in local and national improvement initiatives.

The most recent published Quality and Outcome Framework (QOF) results were 99% of the total number of points available compared with the clinical commissioning group (CCG) average of 98% and national average of 97%. The overall exception reporting rate was 9% compared with a national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients decline or do not respond to invitations to attend a review of their condition or when a medicine is not appropriate.)

- The practice used information about care and treatment to make improvements. The whole practice attended TARGET days every three months. TARGET days offer GP practices the opportunity to learn new skills, share good practice and hear about new treatments.
- The practice was actively involved in quality improvement activity. The practice was able to provide a clinical audit timetable that demonstrated the completion of 15 audits in the previous 18 months. Where appropriate, clinicians took part in local and national improvement initiatives, such as the national cancer diagnosis audit and the local clinical commissioning group's Watch BP (blood pressure) pilot for the detection of atrial fibrillation through blood pressure monitoring.

### Effective staffing

Staff had the skills, knowledge and experience to carry out their roles. For example, staff whose role included immunisation and taking samples for the cervical screening programme had received specific training and could demonstrate how they stayed up to date.

# Are services effective?

## (for example, treatment is effective)

- The practice understood the learning needs of staff and provided protected time and training to meet them. Up to date records of skills, qualifications and training were maintained. Staff were encouraged and given opportunities to develop.
- The practice provided staff with ongoing support. This included an induction process, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and support for revalidation. The practice was a training practice for trainee GPs, medical and nursing students as well as a remedial training practice to support those trainee GPs that required additional supervision. Three GPs were GP trainers, while one GP was also a GP appraiser.
- The induction process for healthcare assistants included the requirements of the Care Certificate. The practice ensured the competence of staff employed in advanced roles by audit of their clinical decision making, including non-medical prescribing.
- There was a clear approach for supporting and managing staff when their performance was poor or variable.

### Coordinating care and treatment

Staff worked together and with other health and social care professionals to deliver effective care and treatment.

- We saw records that showed that all appropriate staff, including those in different teams, services and organisations, were involved in assessing, planning and delivering care and treatment.
- Patients received coordinated and person-centred care. This included when they moved between services, when they were referred, or after they were discharged from hospital. The practice worked with patients to develop personal care plans that were shared with relevant agencies.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice held weekly meetings with palliative nurses whereby patients that received end of life care were discussed as required.

### Helping patients to live healthier lives

Staff were consistent and proactive in helping patients to live healthier lives.

- The practice identified patients who may be in need of extra support and directed them to relevant services. This included patients in the last 12 months of their lives, patients at risk of developing a long-term condition and carers.
- 47% of new cancer cases among the patients registered at the practice were referred using the urgent two week wait referral pathway, which was comparable to the clinical commissioning group average of 48% and the national average of 50%.
- Staff encouraged and supported patients to be involved in monitoring and managing their health.
- Staff discussed changes to care or treatment with patients and their carers as necessary.
- The practice supported national priorities and initiatives to improve the population's health, for example, stop smoking campaigns, tackling obesity.

### Consent to care and treatment

The practice obtained consent to care and treatment in line with legislation and guidance.

- Clinicians understood the requirements of legislation and guidance when considering consent and decision making. Examples of the practice's consent forms were reviewed and were shown to be clear and accurate in the information provided. The consent forms, once signed, were then scanned onto the patient's records.
- Clinicians supported patients to make decisions. Where appropriate, they assessed and recorded a patient's mental capacity to make a decision.
- The practice monitored the process for seeking consent appropriately. 35 members of staff were documented to have received Mental Capacity Act 2005 training in the previous three years, including all GPs, but there were two out of eight nurses who had no Mental Capacity Act 2005 training documented in the training log provided by the practice.

# Are services caring?

## Our findings

**We rated the practice, and all of the population groups, as good for caring.**

### Kindness, respect and compassion

Staff treated patients with kindness, respect and compassion.

- Staff understood patients' personal, cultural, social and religious needs.
- The practice gave patients timely support and information.
- Both Cowplain Family Practice and Queenswood practice had achieved Dementia Friendly status prior to their merger in 2017. To achieve Dementia Friendly accreditation, practices were required to undertake a seven-step criteria procedure, including the provision of a local structure to sustain a dementia friendly community and had links with dementia support workers.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- At Cowplain Family Practice, the GPs hold personal lists of patients; they reported knowing their patients, and patients reported they know they can see their GP when they need to due to the open surgery system that the practice operates twice a day. The Queenswood branch did not operate personal lists prior to becoming a branch but information was provided at inspection to highlight there was the intention to do so when Queenswood moved into Cowplain premises.
- Four of the five patient Care Quality Commission comment cards we received were positive about the service experienced. This is in line with the results of the NHS Friends and Family Test and other feedback received by the practice.
- Comments provided by patients, either via the comment cards or when spoken to on the day of inspection included receiving excellent care, that was compassionate, professional and appropriate to their needs.
- Results from the practice's own Friends and Family Test undertaken in February 2018, indicated that 49 out of the 58 responses received would recommend the practice to others, totalling a response rate of 84%.

Results from the July 2017 annual national GP patient survey showed patients felt they were treated with compassion, dignity and respect. 223 surveys were sent out and 119 were returned. This represented less than 1% of the practice population. The practice was comparable with the clinical commissioning group and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients who responded said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients who responded said they had confidence and trust in the last GP they saw compared with the CCG and national averages of 96%.
- 83% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared with the CCG and national averages of 86%.
- 91% of patients who responded said the nurse was good at listening to them compared with the CCG and national averages of 91%.
- 92% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared with the CCG and national averages of 91%.

### Involvement in decisions about care and treatment

Staff helped patients be involved in decisions about their care and were aware of the Accessible Information Standard (a requirement to make sure that patients and their carers can access and understand the information they are given):

- Interpretation services were available for patients who did not have English as a first language. We saw notices in the reception areas, including in languages other than English, informing patients this service was available.
- Staff communicated with patients in a way that they could understand, for example, communication aids and easy read materials were available.
- Staff helped patients and their carers find further information and access community and advocacy services. They helped them ask questions about their care and treatment.

## Are services caring?

The practice proactively identified patients who were carers. The practice's website contained a carer's form for those patients, who are carers to complete, and the practice newsletter contained a section on identifying carers. A poster for a Carer's café was seen in the waiting room. The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 342 patients as carers (2% of the practice list).

- Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service.

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

- 84% of patients who responded said the last GP they saw was good at explaining tests and treatments compared with the clinical commissioning group (CCG) average of 88% and the national average of 86%.
- 83% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 84% and the national average of 82%.
- 89% of patients who responded said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national averages of 90%.
- 93% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average 84% and the national average of 85%.

### Privacy and dignity

The practice respected patients' privacy and dignity.

- Staff recognised the importance of patients' dignity and respect.
- Conversations with receptionists could not be overheard by patients in the waiting room. There was also the option of a private room if required.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

**We rated the practice, and all of the population groups, as good for providing responsive services.**

### Responding to and meeting people's needs

The practice organised and delivered services to meet patients' needs. It took account of patient needs and preferences.

- The practice understood the needs of its population and tailored services in response to those needs. (For example extended opening hours, online services such as repeat prescription requests, advanced booking of appointments, advice services for common ailments.
- The facilities and premises were appropriate for the services delivered.
- Cowplain Family Practice and Queenswood Surgery merged in 2017 in order to offer a more resilient service to their practice populations and were currently awaiting confirmation to move Queenswood practice into the Cowplain Family Practice building. An open morning was held in January 2018 that was attended by over 300 patients to introduce patients to the new building and discuss the plans for the relocation of services to Cowplain Family Practice.
- Comments were received from patients following the event that had been very useful and answered many questions, staff were friendly and helpful. We were informed by the practice that some patients had raised concerns about access to the upstairs facilities but the practice had assured patients that ground floor access to facilities would still be available.
- The practice made reasonable adjustments when patients found it hard to access services. Emails from the practice were available for patients with a hearing impairment and a hearing loop was in place at Cowplain Family Practice. The practice reported having access to a translation service but admitted there was small demand for this in their current patient population and large print documents were reported as available for those patients with a visual impairment. The premises at Queenswood Surgery represented a significant issue for those patients who were disabled but the practice provided an appropriate protocol to support disabled patients accessing the Queenswood site.

- Cowplain Family Practice had a visual and audio announcement system for patients in the waiting room but for those patients who were registered as having a hearing or visual impairment staff were aware to collect patients direct from the waiting room.
- Care and treatment for patients with multiple long-term conditions and patients approaching the end of life was coordinated with other services.

Older people:

- All patients had a named GP who supported them in whatever setting they lived, whether it was at home or in a care home or supported living scheme.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs. The GP and practice nurse also accommodated home visits for those who had difficulties getting to the practice due to limited local public transport availability.
- There was a medicines delivery service for housebound patients.

People with long-term conditions:

- Patients with a long-term condition received an annual review to check their health and medicines needs were being appropriately met. Multiple conditions were reviewed at one appointment, and consultation times were flexible to meet each patient's specific needs.
- The practice held regular meetings with the local district nursing team to discuss and manage the needs of patients with complex medical issues.
- The practice facilitated a weekly clinic with the local Asthma Nurse Specialist who was then able to review the more complex asthma cases in the practice.
- The practice had employed a Diabetes Nurse Specialist, who was also a nurse prescriber, to support those patients with diabetes, and had started monthly insulin management groups for patients who need support in managing their diabetic medication.

Families, children and young people:

- We found there were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances. Records we looked at confirmed this.

# Are services responsive to people's needs?

## (for example, to feedback?)

- All parents or guardians calling with concerns about a child under the age of 18 were offered a same day appointment when necessary.
- The nurses confirmed they were in the process of changing the days for the childhood immunisation clinics from a Monday to a Tuesday in order to avoid clashes with bank holidays. The nurses spoken to confirmed appointments for immunisations would also be available as requested.

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

- The needs of this population group had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, extended opening hours and Saturday appointments.
- Telephone and web GP consultations were available which supported patients who were unable to attend the practice during normal working hours.

People whose circumstances make them vulnerable:

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability; the practice had 40 patients registered as living with a learning disability. At the time of inspection, the practice reported no patients were registered as homeless, seeking asylum or from a traveller's background.
- Patients with a learning disability were offered longer appointments.

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

- Staff interviewed had a good understanding of how to support patients with mental health needs and those patients living with dementia.
- The practice held GP led dedicated monthly mental health and dementia clinics. Patients who failed to attend were proactively followed up by a phone call from a GP.
- Both practice premises had been awarded Dementia Friendly status.

### Timely access to care and treatment

Patients were able to access care and treatment from the practice within an acceptable timescale for their needs.

- Cowplain Family Practice operated an open surgery system whereby patients could walk into the surgery and request to see their GP. Patients could check the website to see what days their named GP worked. The available GPs were also listed on the wall inside the waiting area for those that attended the practice on the day. At the Queenswood branch site, patients were seen by appointment.
- Patients had timely access to initial assessment, test results, diagnosis and treatment.
- Waiting times, delays and cancellations were minimal and managed appropriately.
- Patients with the most urgent needs had their care and treatment prioritised.
- Patients reported that the open surgery appointment system at Cowplain Family Practice was easy to use. Patients were witnessed coming into the surgery, asking to see a specific GP and advised to wait in the waiting room. Patients spoken to the day reported waiting times of approximately ten minutes to up to an hour using the open surgery system and stated they were happy with this.

Results from the July 2017 annual national GP patient survey showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages. This was supported by observations on the day of inspection and completed comment cards. 223 surveys were sent out and 119 were returned. This represented less than 1% of the practice population.

- 81% of patients who responded were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 81% and the national average of 80%.
- 91% of patients who responded said they could get through easily to the practice by phone compared with the CCG average of 78% and the national average of 71%.
- 94% of patients who responded said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 81% and national average of 76%.
- 89% of patients who responded said their last appointment was convenient compared with the CCG average of 82% and national average of 81%.

# Are services responsive to people's needs?

(for example, to feedback?)

- 85% of patients who responded described their experience of making an appointment as good compared with the CCG average of 74% and national average of 73%.
- 34% of patients who responded said they don't normally have to wait too long to be seen compared with the CCG average of 55% and national average of 58%.

## Listening and learning from concerns and complaints

The practice took complaints and concerns seriously and responded to them appropriately to improve the quality of care.

- Information about how to make a complaint or raise concerns was available. Staff treated patients who made complaints compassionately.
- The complaint policy and procedures were in line with recognised guidance. However, the practice leaflet had

not been updated as it contained out of date information referencing the Primary Care Trust (PCT) and the Patient Advice and Liaison Service (PALS), which is no longer applicable for GP practice and primary care services. 13 complaints were received in the last year. We reviewed two complaints and found that they were satisfactorily handled in a timely way. The main theme of complaints appeared to be communication.

- The practice learned lessons from individual concerns and complaints and also from analysis of trends. It acted as a result to improve the quality of care. The practice reported that since January 2018 a log book was now kept by the fax machine. This action came about following an incident whereby a subject access request from a solicitor was not received and the practice breached the deadline to provide information, incurring a fine. All faxes, sent and received, were to be documented each time the fax machine was used.

# Are services well-led?

Good 

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

## Our findings

**We rated the practice and all of the population groups as good for providing a well-led service.**

### Leadership capacity and capability

Leaders had the capacity and skills to deliver high-quality, sustainable care.

- Leaders had the experience, capability and integrity to deliver the practice strategy and address risks to it.
- They were knowledgeable about issues and priorities relating to the quality and future of services. They understood the challenges and were addressing them.
- Leaders at all levels were visible and approachable. They worked closely with staff and others to make sure they prioritised compassionate and inclusive leadership.
- The practice had effective processes to develop leadership capacity and skills, including planning for the future leadership of the practice.

### Vision and strategy

The practice had a clear vision and credible strategy to deliver high quality, sustainable care.

- There was a clear vision and set of values. The practice had a realistic strategy and supporting business plans to achieve priorities.
- The practice developed its vision, values and strategy jointly with patients, staff and external partners.
- Staff were aware of and understood the vision, values and strategy and their role in achieving them.
- The strategy was in line with health and social priorities across the region. The practice planned its services to meet the needs of the practice population.
- The practice monitored progress against delivery of the strategy.

### Culture

The practice had a culture of high-quality sustainable care.

- Staff stated they felt respected, supported and valued. They were proud to work in the practice.
- The practice focused on the needs of patients.
- Leaders and managers acted on behaviour and performance inconsistent with the vision and values.
- Openness, honesty and transparency were demonstrated when responding to incidents and complaints. Minutes of meetings held at the practice, between partners, clinicians, the administrative and the

nursing team, as well as the patient participation group, were reviewed and all were shown to be open and standardised in their approach to addressing incidents and complaints. The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour.

- Staff we spoke with told us they were able to raise concerns and were encouraged to do so. They had confidence that these would be addressed.
- There were processes for providing all staff with the development they need. This included appraisal and career development conversations. All staff received regular annual appraisals in the last year. Staff were supported to meet the requirements of professional revalidation where necessary.
- Clinical staff, including nurses, were considered valued members of the practice team. They were given protected time for professional development and evaluation of their clinical work.
- There was a strong emphasis on the safety and well-being of all staff. The practice provided evidence from a staff questionnaire completed during a team building event in November 2017 to evaluate the culture of care at Oaks Healthcare, across Cowplain Family Practice and Queenswood that was largely positive about the service.
- The practice actively promoted equality and diversity. Staff had received equality and diversity training. Staff felt they were treated equally.
- There were positive relationships between staff and teams. The Business Manager produced a monthly newsletter to all staff in an email format; evidence seen showed the newsletter contained information about both practices, any staff changes, and upcoming events both professional and social.

### Governance arrangements

There were some clear responsibilities, roles and systems of accountability to support good governance and management.

- However there was a lack of governance oversight of systems for monitoring a number of areas for the safety of staff and patients. Such as for staff mandatory training, clinical waste, the recording of some equipment cleaning and the continuation of processes for the transfer of patient documentation onto electronic records.

# Are services well-led?

Good 

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

- Practice leaders had established policies, procedures and activities but these had not always been followed. When staff had left their responsibilities had not always been reallocated promptly resulting, for example, in a delay in the scanning of patient information to electronic records.
- The governance and management of partnerships, joint working arrangements and shared services promoted interactive and co-ordinated person-centred care.

## Managing risks, issues and performance

There were processes for managing risks, issues and performance but these were not always effective.

- The practice had processes to manage current and future performance. Performance of employed clinical staff could be demonstrated through audit of their consultations, prescribing and referral decisions. Practice leaders had oversight of national and local safety alerts, incidents, and complaints.
- Clinical audit had a positive impact on quality of care and outcomes for patients. There was clear evidence of action to change practice to improve quality. A two-step cycle audit, completed in February 2018, of polypharmacy patients, (patients who received multiple medicines) showed the 15 patients who had been reviewed, had been able to stop one medicine each. From the same audit, 72 changes out 86 suggestions were actioned, indicating an 83% improvement to best practice.
- The practice had plans in place and had trained staff for major incidents.
- The practice implemented service developments and where efficiency changes were made this was with input from clinicians to understand their impact on the quality of care.

## Appropriate and accurate information

The practice acted on appropriate and accurate information.

- Quality and operational information was used to ensure and improve performance. Performance information was combined with the views of patients.
- Quality and sustainability were discussed in relevant meetings where all staff had sufficient access to information.
- The practice used performance information which was reported and monitored and management and staff were held to account.

- The information used to monitor performance and the delivery of quality care was accurate and useful. There were plans to address any identified weaknesses.
- The practice used information technology systems to monitor and improve the quality of care.
- The practice submitted data or notifications to external organisations as required.
- There were arrangements in line with data security standards for the availability, integrity and confidentiality of patient identifiable data, records and data management systems.

## Engagement with patients, the public, staff and external partners

The practice involved patients, the public, staff and external partners to support high-quality sustainable services.

- A full and diverse range of patients', staff and external partners' views and concerns were encouraged, heard and acted on to shape services and culture. The Friends and Family Test from February 2018 indicated only one area of improvement to assist in the allocation of appointments at the open surgery; otherwise the responses received were complimentary of staff across the whole practice.
- There was an active patient participation group (PPG) of 13 members, with a virtual patient participation group of 518 members. Members were a mixture of Cowplain Family Practice and Queenswood patients. The PPG reported helping the practice on flu clinic days and during their recent open morning to discuss the upcoming relocation of Queenswood into the Cowplain building. The PPG had supported the practice to become Dementia Friendly, assisted with the signposting within the surgery and helped to fine-tune the announcement system in the waiting room.
- The PPG also arranged a talk at a local church hall with a Consultant from the local Liaison Psychiatry department that was well-received by patients and non-registered patients.
- The service was transparent, collaborative and open with stakeholders about performance.

## Continuous improvement and innovation

There were evidence of systems and processes for learning, continuous improvement and innovation.

- There was a focus on continuous learning and improvement at all levels within the practice. The

# Are services well-led?

Good 

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

practice was a research practice and was involved in the 'Watch BP' pilot in conjunction with the local clinical commissioning group, which involves the opportunistic detection of asymptomatic atrial fibrillation (AF) during blood pressure monitoring. The practice reports 80 patients have been assessed so far and two of those patients had AF detected (AF is a heart condition that causes an irregular and often abnormally fast heart rate).

- Staff knew about improvement methods and had the skills to use them.
- The practice made use of internal and external reviews of incidents and complaints. Learning was shared and used to make improvements.
- Leaders and managers encouraged staff to take time out to review individual and team objectives, processes and performance.

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> In particular:</p> <ul style="list-style-type: none"><li>• there was not access to appropriate personal protective equipment for staff.</li><li>• not all staff members had received training that was relevant to their role, including Safeguarding Adults and Children and Mental Capacity Act 2005 training.</li><li>• patient records were not being updated in a timely manner.</li><li>• safety alerts received by the practice were not being consistently monitored so not all alerts were being actioned and closed appropriately.</li><li>• sharps bins were not maintained in line with general guidance.</li></ul> <p>This was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>