

# Beaconsfield Road 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?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaconsfield Road Surgery on 20 April 2017. Overall the practice is rated as Good

The practice had previously been inspected on 08 December 2015 when it was rated as Requires Improvement overall, Requires Improvement in the Safe, Effective and Well-led domains and Good in the Caring and Responsive domains. The practice was found to be in breach of the regulations and a further inspection was carried out on 26 July 2016 to assess whether the practice had taken action to resolve the breaches in regulations. It was found that insufficient improvements had been made and the ratings remained the same. Warning notices were issued against the practice in respect of Safe Care and Treatment, Staffing and the recruitment of Fit and Proper Persons. The areas where the provider was advised that they must make improvements were:

To ensure that risk assessments relating to the need for a criminal records check via the Disclosure and Barring

Services were undertaken prior to each new staff member commencing in post. Also to ensure that the risk assessment process identified and mitigated all of the potential risks associated with this.

To ensure that recruitment checks were consistently undertaken prior to a staff member commencing in employment and that records of this were maintained.

To ensure that fire safety rehearsals were carried out in line with an associated risk assessment.

To ensure all clinical staff had an up to date record of safeguarding children and vulnerable adults training and training in the Mental Capacity Act 2005.

To ensure that training records were maintained and accessible in relation to all areas of training need for all staff within the practice.

To ensure that all risk assessments including legionella were accessible and that a system for adopting policies and procedures within the practice was clear.

On this occasion our key findings across all the areas we inspected were as follows:

# Summary of findings

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety. For example fire safety rehearsals had been carried out.
- Staff were aware of current evidence based guidance. Training records had been updated and were maintained to show all training requirements for staff.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment. Including training for the safeguarding of children and vulnerable adults and training in the Mental Capacity Act 2005.
- New staff had received the required recruitment checks including a risk assessment relating to the need for a criminal record check.
- Results from the national GP patient survey showed patients were treated with compassion, dignity and respect and were involved in their care and decisions about their treatment.
- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day and open surgeries available two mornings a week.

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

Monitor adherence to the new internal security protocol and internal prescription tracking to ensure that the systems become embedded.

To increase the number of patients with mental health conditions who have a comprehensive care plan, and record of blood pressure and alcohol consumption recorded in their clinical records.

To monitor the uptake of childhood immunisations in response to the introduction of new recall systems and clinic structure.

**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.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events; lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to minimise risks to patient safety.
- The arrangements for managing medicines minimised the risk to patient safety. However printer prescriptions were not individually tracked through the practice and consultation room doors were not locked during the day when empty. Arrangements have since been made to rectify this.
- Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average compared to the national average for most indicator groups.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- End of life care was coordinated with other services involved.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for some aspects of care.
- Survey information we reviewed showed that 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 accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this understanding to meet the needs of its population. For example they were part of a pilot that were carrying out single annual reviews to patients with more than one long term condition.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day and open surgeries available two mornings a week.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence from three examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular meetings at which governance issues would be discussed.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

# Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In seven examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- The practice offered proactive, personalised care to meet the needs of the older patients in its population. This included a medical, pharmaceutical (rationalisation of the medicines that the patient was on) and social review.
- Advanced care plans had been completed for 200 patients including 10% of patients over 65 years of age.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out regular 'ward rounds' of its patients in local care/nursing homes.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

### People with long term conditions

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

Good



- Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority. This included initiation of patients with diabetes on to insulin where indicated and the initiation of patients on to anti-coagulants where necessary.
- The practice were part of a pilot introducing single annual reviews for patients with more than one long-term condition.

# Summary of findings

- The practice offered specialist cardiology services for patients with abnormal heart rhythms. They also ran a 'seven day ECG' (electrocardiogram, a heart activity recording) service which other practices in the locality could refer patients to.
- Indicators for diabetic care were comparable to national averages. For example the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 79% (national average 76%).
- The practice offered additional services to patients with complex long-term conditions such as the diagnosis and treatment of heart and chronic lung diseases.
- The practice were part of a proactive care pilot scheme to identify patients at risk of hospital admission and work with the community proactive care teams to put in place support to try to prevent admission.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.
- All these patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## Families, children and young people

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

- 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.
- Immunisation rates were above 90% for two of four standard childhood immunisations.
- We observed that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were preferentially available to school children outside of school hours and the premises were suitable for children and babies. Children requiring urgent appointments were always seen on the day.

Good





# Summary of findings

- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- Teenagers were signposted to age appropriate counselling and sexual health services, including the use of 'test yourself' chlamydia packs.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

## **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 these populations 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 for two evenings a week.
- The practice encourages self-monitoring of chronic conditions and offered unlimited telephone consultations to support those patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group including electronic prescribing.
- The practice offered health screening where appropriate and offered weight management, dietary and exercise advice and also referred to local lifestyle initiatives.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- 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 offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may

**Good**



# Summary of findings

make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice carried out advance care planning for patients living with dementia as part of the local vulnerable patient scheme.
- Figures for 2015-2016 showed that 67% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months which is lower than the national average of 84%. The practice have provided us with recent but unverified evidence that for 2016-2017 this figure had improved to 91%.
- One member of the clinical team has had further training in the assessment of patients with dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- The practice assisted carers in gaining access to carers' breaks.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty six survey forms were distributed and 116 were returned. This represented 2% of the practice's patient list.

- 92% of patients described the overall experience of this GP practice as good compared with the CCG average of 87% and the national average of 85%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 82% of patients said they would recommend this GP practice to someone who has just moved to the local area compared with the CCG average of 79% and the national average of 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. Six of which were very positive about the standard of care received. The staff were described as professional, caring, respectful, helpful and friendly. The surgery was described as adequate, being clean, tidy and safe. Two cards had mixed comments, one feeling that not all the GPs were compassionate and the other felt they weren't often able to see the GP that they were registered with.

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

## Outstanding practice

# Beaconsfield Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Beaconsfield Road Surgery

Beaconsfield Road Surgery offers personal medical services to the population of Hastings. There are approximately 6000 registered patients. The practice has taken on about 850 new patients since the recent arrival of a new partner. They were also operating an additional temporary surgery in Hastings Old Town.

Beaconsfield Road Surgery is run by two partner GPs. The practice is also supported by a salaried GP, an advanced nurse practitioner, three practice nurses, a clinical pharmacist, a healthcare assistant, a phlebotomist, a team of receptionists, administrative staff and two practice managers who share the role. There are two female GPs and one male GP. The practice had changed their clinical computer software system during the previous year which we were told, allows them to easily work across two sites. In view of the recent increases in patient numbers, the practice was planning to recruit further staff. We were told that there are plans in progress to move in to a new build surgery nearby in the next two years.

The practice is open between 8.30am and 6pm Monday, Tuesday and Friday, 8.30am to 8pm on Wednesday and 8.30am to 7pm on Thursday. There are open surgeries on Monday and Friday mornings when any patient who attends will be seen by a clinician.

When the practice is closed cover is provided by IC24 and is accessed via NHS111. The out of hours service also covers the practice from 8am to 8.30am on Monday to Friday. The practice covers emergencies internally from 6pm to 6.30pm.

The practice operates from:

21 Beaconsfield Road,

Hastings,

East Sussex

TN34 3TW

There is also currently a temporary surgery operating from:

Roebuck House

High Street,

Hastings,

East Sussex,

TN34 3EY

Patients can be seen in general clinics which can include health checks, annual reviews for patients suffering from chronic diseases including amongst others, coronary heart disease, previous stroke, hypertension, chronic kidney disease, asthma and diabetes. Dressings, anti-coagulation, spirometry and smoking and alcohol cessation advice are also offered.

Child immunisations are held throughout the week.

Minor surgical procedures are available in the practice.

Sexual health clinics are also offered.

Well person checks are available with the nurses and this can include a smear test for women if indicated.

# Detailed findings

Nurses also offer dietary advice and advice on exercise and weight loss and run travel clinics.

Annual flu vaccination clinics are held in September, October and November some of which are held on Saturdays.

The practice has an average population of 0-18 year olds, a slightly lower than average population of 24-44 year olds and a slightly higher than the national average population of 45-84 year olds. The percentage of registered patients suffering deprivation (affecting both adults and children) is higher than average for England.

## Why we carried out this inspection

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

## How we carried out this inspection

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

- Spoke with a range of staff GPs, an advanced nurse practitioner, a health care assistant, the practice managers, administrators and receptionists and spoke with patients who used the service.
- Observed how patients were being cared for in the reception area and talked with carers and/or family members

- Reviewed a sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Visited the practice location.
- Looked at information the practice used to deliver care and treatment plans.

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

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

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

- older people
- people with long-term conditions
- families, children and young people
- working age people (including those recently retired and students)
- people whose circumstances may make them vulnerable
- people experiencing poor mental health (including people living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

There was a system for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- From the sample of four documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident involving a test result that was not received was raised as a significant event, thoroughly investigated and shared with the pathology service involved. This led to a change of protocols within the pathology service.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs, the advanced nurse practitioner and nurses were trained to child protection or child safeguarding level three.

- A notice in the clinical rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones and were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. The most recent IPC audit was undertaken in March 2017 with the next planned for June 2017 and we saw evidence that action was taken to address any improvements identified as a result.

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- There were processes for handling repeat prescriptions which included the review of high risk medicines. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. The practice carried out regular medicines audits, with the support of the local clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice employed a clinical pharmacist to oversee the management of medicines. Blank prescription forms and pads were securely stored and their numbers recorded. Prescriptions were collected and locked away each evening and there were systems to monitor their use. However printer prescriptions were not individually tracked within the

## Are services safe?

practice although the practice have since sent us details of a system that they have introduced to track individual prescriptions. We did note at the time of the inspection that it was not possible to lock the consulting room doors. We were told this was because staff 'hot desk' during the day and all prescriptions were locked away securely at night. However we were subsequently sent a copy of a revised security protocol and told that keys had been purchased for all internal doors and all doors now had to be locked when not in use. The protocol described this in detail. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines and patient specific prescriptions or directions from a prescriber were produced appropriately.

We reviewed two personnel files of recently recruited staff and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employments in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order.

- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Staff carried out general health and safety risk assessments and since the inspection they have sent evidence of an enhanced protocol.
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients. Staff worked shifts and would cover each other's annual leave and sickness. The practice had recently taken on more patients and were preparing to recruit more staff at the time of the inspection.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and a panic button on the computers which alerted staff to the site of any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage copies of which were held both on and off site. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through discussion during clinical meetings and multi-disciplinary team meetings.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 95% of the total number of points available compared with the clinical commissioning group (CCG) average of 97% and national average of 95%.

The overall clinical exception reporting rate (8%) was lower than the clinical commissioning group average (10%) or national average (10%) (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The exception reporting rate for depression (0%), (CCG average and national averages 22%) and mental health (4%), (CCG and national averages 11%) were low.

This practice was an outlier for some mental health related QOF indicators. Data from 2015 to 2016 showed:

Performance for some mental health related indicators was lower than the CCG and national averages. For example: The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive care plan documented in the record, in the preceding 12 months was 60% (CCG 87%, national average 89%). Similar figures were seen for the recording of blood pressure and alcohol consumption for patients with mental

health conditions. The practice have however provided us with recent but unverified evidence that for 2016-2017 this figure had improved to 79% with a low exception rate of 4%.

Some mental health indicators were higher than CCG and national averages. For example: The percentage of women aged 25 or over and who have not attained the age of 65 with schizophrenia, bipolar affective disorder and other psychoses whose notes record that a cervical screening test has been performed in the preceding 5 years was 100% (CCG 90%, national average 89%). Similar higher than local and national average figures were seen for the recording of blood test results for patients on high risk medicines for mental health.

Performance for diabetes related indicators was similar to the CCG and national averages. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was five mmol/l or less was 80% (CCG average 84%, national average 80%).

There was evidence of quality improvement including clinical audit:

- There had been seven clinical audits commenced in the last two years. Four of these were two cycle or more audits where the improvements made were implemented and monitored with a fifth in its second cycle.
- Information about patients' outcomes was used to make improvements such as: A repeated audit of patients with diabetes showed that patients with poor diabetic control benefitted by a joint GP/consultant clinic approach both in the short and longer term.

### Effective staffing

Evidence reviewed showed that staff had the skills and knowledge to deliver effective care and treatment.

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. There was a comprehensive training matrix that recorded training dates and dates that updates were due. It was monitored on a regular basis by one of the practice managers.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that the practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Information was shared between services, with patients' consent, using a shared care record. We saw that meetings took place with other health care professionals on a

monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice had also invited members of the local health and social care team and the local joint community rehabilitation team to the multi-disciplinary team meetings and they regularly attended. This allowed for direct patient referrals and feedback.

The practice had engaged with the local cancer care facilitator to review and advice on the practices' processes in relation to cancer diagnosis and management.

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.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to relevant services. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice engaged their patients in a local health initiative working with other agencies to improve lifestyle and diet and increase exercise.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were comparable to CCG/national averages in two of four sub-indicators for 1 to 2 year olds. For example, The percentage of children aged one who had a full course of recommended vaccines was 91% (standard

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

was 90%) but the percentage of children aged two with Haemophilus influenzae type b and Meningitis C booster vaccine was 88% (standard 90%). The percentage of five year olds receiving the MMR dose one and two ranged from 86% to 92% (CCG 87% to 93%, national average 88% to 94%).

The practice were aware that uptake for some of the childhood immunisations was lower than they would like. They told us that they send out regular invitation letters to parents of children that have not been immunised and discuss the issues with them if they attend at other times. However some families are non-responders to the invites. The new partner had just introduced a 'one stop shop' GP and nurse clinic where a combined eight week maternal postnatal appointment was made and combined with child health promotion and immunisations. This had been successful elsewhere and they said that they were receiving positive feedback already from their patients.

The practice's uptake for the cervical screening programme was 94%, which was comparable with the CCG average of 84% and the national average of 81%.

There was a policy to offer telephone or written reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer. There were systems to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we observed that members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could take them to an alcove built in to the reception desk or offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards. Six of which were very positive about the standard of care received. The staff were described as professional, caring, respectful, helpful and friendly. Two cards had mixed comments, one feeling that not all the GPs were compassionate and the other felt they weren't often able to see the GP that they were registered with.

We spoke with four patients during the inspection including two members of the patient participation group (PPG). All four patients said they were satisfied with the care they received and thought staff were approachable, committed, caring, helpful and friendly. Comments highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 91% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) average of 89% and the national average of 89%.

- 90% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%
- 91% of patients said the nurse was good at listening to them compared with the clinical commissioning group (CCG) average of 93% and the national average of 91%.
- 94% of patients said the nurse gave them enough time compared with the CCG average of 93% and the national average of 92%.
- 94% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 98% and the national average of 97%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 92% and the national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared with the CCG average of 90% and the national average of 87%.

The practice carried out regular 'ward rounds' at local care/nursing homes for which they had responsibility.

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

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

Children and young people were treated in an age-appropriate way and recognised as individuals.

## Are services caring?

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 87% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared with the CCG average of 83% and the national average of 82%.
- 88% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 91% and the national average of 90%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared with the CCG average of 87% and the national average of 85%.

The practice had taken note of the survey results in particular the fact that only 81% of patients felt that the last GP they saw was good at explaining tests and treatments and had discussed the issues amongst the clinical staff.

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

- Staff told us that interpretation services including a telephone interpretation service were available for patients who did not have English as a first language.
- Information leaflets were readily available.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 98 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them and there was a carer's information board in the waiting room. There was also a carers' page on the practice website. The practice helped carers access carers' breaks.

Staff told us that if families had experienced bereavement, if appropriate their usual GP contacted them. They would be offered advice regarding support services.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday and Thursday evenings for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning. Their care was discussed with the wider community palliative care team at monthly multi-disciplinary team (MDT) meetings.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice held open surgeries on Monday and Friday mornings where any patient that attended would be seen. The Friday surgery was commenced in response to patient feedback about access to appointments.
- During the autumn, clinics are available on Saturday mornings so that patients can receive influenza immunisation.
- The practice were putting in place a system for text message reminders of appointments.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- The practice had employed a clinical pharmacist through an NHS England pilot scheme to help with, amongst other things, the rationalisation of prescribing of medicines in particular to those patients taking multiple medicines on a regular basis.
- One of the clinical staff had taken an additional diploma in the assessment of patients with dementia.
- The practice carry out regular 'ward rounds' in three local care/nursing homes.

- The practice included the local social care (social workers) and rehabilitation teams (physiotherapists and occupational therapists) in their multi-disciplinary team (MDT) meetings and were involved in a proactive care pilot scheme.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

### Access to the service

The practice was open between 8.30am and 6pm Monday, Tuesday and Friday, 8.30am to 8pm on Wednesday and 8.30am to 7pm on Thursday. There were open surgeries on Monday and Friday mornings when any patient who attended would be seen by a clinician. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Appointments could be booked face to face in the surgery, online via the web page and over the phone.

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

- 84% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 79% and the national average of 76%.
- 88% of patients said they could get through easily to the practice by phone compared with the clinical commissioning group (CCG) average of 79% and the national average of 73%.
- 84% of patients 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 88% and the national average of 85%.
- 99% of patients said their last appointment was convenient compared with the CCG average of 95% and the national average of 92%.
- 78% of patients described their experience of making an appointment as good compared with the CCG average of 80% and the national average of 73%.
- 62% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 63% and the national average of 58%.

# Are services responsive to people's needs?

(for example, to feedback?)

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

The practice had a system to assess:

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

Reception staff recorded the details of the visit request on the computer including the patient's telephone number. The GPs could see this information and would call the patient in advance of the visit if indicated. If reception staff were concerned that a visit was very urgent they would phone through to talk to the GP directly. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

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

The practice had a system for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were leaflets available in the waiting room and advice was also available on the practice web site and in the practice information leaflet.

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, following a complaint with respect to a referral outside the NHS, several changes were made to the practice policy and the issue was discussed at a practice meeting, staff were made aware of the issues and policy changes.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the reception area and staff knew and understood the values.
- The practice had a clear strategy and supporting business plans which reflected the vision and values.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example one GP was the safeguarding lead and the senior nurse was the lead for infection control.
- Practice specific policies were implemented and were available to all staff on the practice intranet. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held quarterly which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the practice had carried out an infection control audit, identified areas for improvement and taken action in a timely manner.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable, there was an open door policy and always took the time to listen to all members of staff.

The provider was aware of and had systems to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. From the sample of seven documented examples we reviewed (four significant events and three complaints) we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.

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

- The practice held and minuted multi-disciplinary (MDT) meetings including meetings with district nurses and social workers to monitor vulnerable patients. MDT meetings also included members of the community rehabilitation team.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. Minutes were comprehensive and were available for practice staff to view. We noted team social events were held about three times a year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG

# Are services well-led?

Good 

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

met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had responded to their national GP survey results and the PPG and made changes in response to the findings. For example, 84% of patients were able to speak to someone or get an appointment. This was lower than local (88%) and national (85%) averages the practice started an open surgery on Friday mornings in response.

- the NHS Friends and Family test, complaints and compliments received.
- the practice had employed an external organisation to undertake a survey of patient satisfaction which was ongoing at the time of the inspection.
- staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback

and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. Staff social events were arranged by the practice two to three times year.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had employed a clinical pharmacist to help improve medicines management and the rationalisation of medicines in particular for patients with complex long term conditions.