

# Dr Collins and Carragher

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Requires improvement



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Collins and Carragher on 10 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, we saw evidence of annual review meetings and the details of the event and actions were recorded on the patient record.
- Risks to patients were assessed but some systems and processes were not implemented fully enough, for example, training had not been completed by all staff members.
- The practice had a number of policies and procedures to govern activity, but some were overdue a review.
- Data showed patient outcomes were good for the locality.

- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management.
- The practice had proactively sought feedback from patients, which it acted upon and had an active patient participation group. The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider must make improvements are:

- To ensure that all Patient Group Direction's (PGD's) are reviewed and signed by an appropriate person.

In addition the areas where the provider should make improvements are:

- Ensure policies and procedures are formally reviewed and updated at regular intervals.
- Consider a formal process for recording meetings.
- All staff to undertake training updates on a regular basis.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as requires improvement for providing safe services

**Requires improvement**



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses. Patients received a verbal and written apology.
- Risks to patients who used services were assessed and well managed.
- Staff were able to recognise and respond appropriately to safeguarding concerns.
- The practice had Patient Group Directions (PGDs) in place to enable nurses to administer vaccines however these were not signed by an appropriate person.
- The practice had policies and procedures in place which reflected current practice however some required a review.

### Are services effective?

The practice is rated as good for providing effective services.

**Good**



- Data showed patient outcomes were at or above average compared to local and national averages.
- There was evidence of appraisals and personal development plans for all staff.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits had been completed and there was evidence of improvements which impacted on patient care. Multidisciplinary working was taking place regularly, but was generally informal and record keeping was limited or absent.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

**Good**



- 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 doctors and nurses.

# Summary of findings

- Patients we spoke with told us they were satisfied with the treatment they received and felt they were involved in decisions about their care and treatment and comment cards reviewed aligned with these views. Information for patients about the services available was easy to understand and accessible.
- We observed that members of staff were helpful and courteous to patients and maintained information confidentiality.
- The practice had identified 1% of the patient list registered as carers and directed them to the appropriate support organisations.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- It reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Verbal and written complaints were reviewed, acted upon and a verbal and written apology was given.
- Staff told us that they assisted patients who used the local volunteer transport scheme by arranging appointments to coincide with the availability of the drivers. The practice had good facilities and was well equipped to treat patients and meet their needs.

## Are services well-led?

The practice is rated as requires improvement for being well-led.

Good



- Staff informed us that the GP partners and the practice manager were approachable and listened to their concerns.
- The practice had a number of policies and procedures to govern activity, but some of these required a review. The practice proactively sought feedback from patients and had a patient participation group (PPG).
- Some mandatory training had not been completed for all staff in relation to safeguarding and infection control.

# Summary of findings

- The practice had a vision and a strategy and staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and staff felt supported by management.
- All staff had received inductions and attended staff meetings and staff had received regular performance reviews.
- The practice held regular governance meetings.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- All GPs reviewed information received relating to patients daily to give continuity of care.
- The practice coordinated appointment times with the local volunteer transport scheme to ensure patients in this group were able to attend appointments.

Good



### People with long term conditions

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

- GP's had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national averages.
- Longer appointments and home visits were available when required.
- All these patients had a named GP, patients received a medication review every six months and had a structured annual review to check that their health needs were being met.
- For patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- The practice provided services to families of military personnel at the local base and referred all children to the community teams and offered additional support to these families.
- Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80% which was comparable to the CCG average of 80% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were always seen on the day if they had an emergency and we saw evidence to verify this on the day of our inspection.
- We saw positive examples of joint working with midwives and health visitors
- Chlamydia screening was offered to all young adults up to the age of 24 who attend the surgery for appointments.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services for appointments and prescriptions as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered early morning and late evening appointments, both face to face and on the telephone.

**Good**



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

The practice is rated as good for the care of 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 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.
- There was no evidence available that the practice informed vulnerable patients about how to access various support groups and voluntary organisations although the practice contacted relevant organisations to highlight patients in this group.

**Good**





# Summary of findings

- The practice had carried out annual health checks for people with a learning disability.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice kept a register of patients who were carers.

## 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).

- Performance for mental health indicators was above or comparable to the CCG and national averages.
- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG and national averages of 84%.
- 92% of people experiencing poor mental health had received an annual physical health check which was above the CCG average of 87% and the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- There was a robust process in place to review medication and to ensure compliance for this group.
- The practice had a good communication system in place for correspondence regarding psychiatric consultations and any changes to patient medication that may be required.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 244 survey forms were distributed and 120 were returned. This represented a response rate of 49% (2% of the practice's patient list).

- 66% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 70% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 73% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

The practice told us that they had reviewed the lower scores for patient satisfaction with telephone access and it had been discussed with the patient participation group (PPG). As a result they had upgraded the system to give better access to patients. Patients we spoke with and comments cards received confirmed this.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. Patients commented that they found it easy to get an appointment, had positive interactions with staff and the practice provided a good service.

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

## Areas for improvement

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

The areas where the provider must make improvements are:

- To ensure that all Patient Group Directions (PGD's) are signed by an appropriate person.

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

In addition the areas where the provider should make improvements are:

- Ensure policies and procedures are formally reviewed and updated at regular intervals.
- Consider a formal process for recording meetings.
- All staff to undertake training updates on a regular basis.

# Dr Collins and Carragher

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr Collins and Carragher

Dr Collins and Carragher provide a range of primary medical services, in the Lower Stondon Surgery, to the residents of Henlow and the surrounding villages. The practice accommodation was purpose built in 1991 and is a single storey building with car parking facilities. There is a dispensary at the practice that provides medicines for patients who live more than one mile from a pharmacy.

The practice population is predominantly White British with a higher than average 40-60 year age range. National data indicates the area is one of low deprivation. The practice has approximately 5,410 patients. Services are provided under a general medical services (GMS) contract.

There are no care homes in the local area. The practice provides services to the families of staff from the local military base, as temporary residents.

There are three GP partners; two male and one female and a female salaried GP who run the practice and provide clinical care along with two practice nurses. The clinical team is supported by the practice manager and administration team and the practice has two members of staff aligned to the dispensary.

The practice is open between 8.00am and 6.30pm Monday to Friday and offers extended opening hours on Monday evening until 7.30pm and on Friday mornings from 7.30am.

When the practice is closed out of hours services are provided and can be accessed via the NHS 111 service.

## 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 inspecting, 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 inspection on 10 May 2016. During our inspection we:

- Spoke with a range of staff GP partners, a nurse, dispensers, the practice manager and administrative staff. We also spoke with patients who used the service and members of the patient participation group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

# Detailed findings

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

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

- The practice had a protocol in place to follow when significant events and incidents had been identified.
- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- All significant events were discussed at the weekly clinical meetings and information regarding the event, where applicable, was noted on the patient record.
- The practice carried out an analysis of significant events annually to identify any trends and a written record of these meetings was seen.
- We reviewed safety records, incident reports, patient safety alerts which were had all been managed appropriately. We saw evidence that lessons learnt were shared and action was taken to monitor and improve safety in the practice.

### Overview of safety systems and processes

The systems, processes and practices in place to keep people safe and safeguarded from abuse were lacking in certain areas. For example:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Staff understood their responsibilities, how to recognise signs of abuse and how to report any concerns. There was a lead GP for safeguarding. All GPs and nurses were trained to an appropriate level to manage child safeguarding (level 3) and in safeguarding adults.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place. Nurses and administrative staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were arrangements in the practice for managing medicines, including emergency drugs and vaccinations, (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However, whilst Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation they were signed by the nurses but had not been countersigned by an appropriate person, such as a GP or Practice Manager. Vaccinations and immunisations were stored in the appropriate fridge and we saw the fridge temperatures were monitored and logged daily by the nurses and had been maintained within the recommended levels.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing their learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a

# Are services safe?

system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines), however although these procedures had been reviewed they had not been updated.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- The practice had a recruitment policy which reflected current guidance however this required a review. We reviewed five personnel files and found that appropriate recruitment checks had been undertaken prior to employment for staff. We were told that evidence of conduct in previous employment had been sought for all staff.

## Monitoring risks to patients

Risks to patients were assessed and managed appropriately.

- There were procedures in place for monitoring and managing risks to patients and staff safety however some policies and procedures required a review date, for example the operating policy for the dispensary had been reviewed and updated but had not been formally amended.
- There was a health and safety policy available along with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked and calibrated to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a system in place for all the different staffing groups to ensure enough staff were on duty. All clinical staff covered each other for annual leave or other absences, and the administration team were all trained adequately to provide cover for each other. There were two dispensary staff who also worked flexibly to cover absences. A member of the administrative team was undergoing training to become a medicines dispenser which would enable them to offer additional support.

## Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff had 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 risk assessment and a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for utility services and staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- Nursing staff had undertaken several additional training courses and study days in core practice nurse roles to deliver patient care, for example, diabetes care, cytology and leg ulcer treatment.

### 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 97% (CCG average of 95% and national average of 95%) of the total number of points available.

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

- Performance for diabetes related indicators was 87% similar to the CCG average of 86% and the national average of 88%. 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% compared to the CCG average of 75% and the National average of 78%. Exception reporting for this indicator was 5% compared to a CCG average of 12% and national average of 12%.
- Performance for mental health related indicators was 94%, similar to the CCG average of 94% and the national average of 93%. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 92%, compared to the CCG average of 87% and the national average of 88%. Exception reporting for this indicator was 14% compared to a CCG average of 14% and national average of 13%.

We saw that eight audits had been carried out over a two year period and all were completed audit cycles. Two of these had resulted in changes which improved outcomes for patients. For example,

- An asthma audit had resulted in identification of patients needing review who were called and received appropriate treatment.
- A further audit had resulted in a change of practice procedure to ensure that patients who had sustained fractures and met a certain criteria were called for review.

The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on A&E attendance, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence in personnel files to show that inductions had been completed and signed off at each stage by the line manager responsible.
- We saw evidence that the GPs carried out all monitoring of patients with long term conditions and there was a robust recall system in place. All GPs reviewed patient correspondence including test results to provide continuity of care and daily discussions were held with all GPs to review patients.



# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for cervical screening 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 online resources and discussion at practice meetings.
- From our review of documentation and conversations with staff we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs. Staff had access to appropriate training to meet their learning needs, this covered training to cover the scope of their work. Staff also received ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- We saw evidence that all staff had received training that included: 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.

### Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with community health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. For example, all families with children who were new to the area that had registered with the practice were referred to the health visiting team to provide support as and when required.

### 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.
- Consent was recorded in the patient record at the time of treatment or if written, was scanned onto the record.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those experiencing poor mental health. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the



## Are services effective?

(for example, treatment is effective)

vaccinations given to under two year olds ranged from 93% to 100%, comparable to the CCG Average of 94% to 98% and five year olds from 88% to 100% (CCG averages 92% to 98%).

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 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the five patient Care Quality Commission comment cards we received were positive about the service experienced by patients. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One card commented on difficulties getting an appointment, however we saw evidence that emergency and on the day appointments were available.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients told us that they felt cared for and had good continuity of care from both the GPs and nurses.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.

- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 85% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. However, at the time of inspection the practice had no patients registered who required these services.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 58 patients as carers (1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or a home visit at a flexible time and location to meet the family's needs. The practice also gave advice on how to contact support services including those for children. For example, CHUMS, a local mental health and emotional wellbeing service, specifically for children.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on Monday evenings until 7.30pm and Friday mornings from 7.30am for working patients who could not attend during normal opening hours. The practice dispensary also offered extended 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.
- There was a volunteer driver service in the area and the practice coordinated patients appointments to coincide with the availability of the drivers to enable patients to attend the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines available privately.
- There were adequate disabled facilities, a hearing loop and translation services available.
- The practice worked closely with community health teams to support families new to the area and offered home visits for health and medication reviews to patients unable to attend the surgery.

### Access to the service

The practice was open between 8.am and 6.30pm Monday to Friday. Appointments were available Monday to Friday from 8am to 6.30pm. Extended hours appointments were offered on Mondays until 7.30pm and Friday mornings from 7.30am. In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent appointments were also available for people that needed them and a walk in emergency appointment system was available every day from 3.30pm.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 80% and the national average of 78%.
- 66% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

The practice had changed the telephone system to improve patient access and patients we spoke with on the day of inspection told us that they had no difficulties contacting the surgery and were able to get appointments when they needed them.

The practice had a system in place to assess whether a home visit was clinically necessary and the urgency of the need for medical attention. If a patient or carer requested a home visit on the telephone the reception staff recorded this and the GPs would assess the clinical need. GPs told us that they all undertook home visits every day rather than using a duty doctor method as they considered this was more responsive to patient's needs.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

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

We saw good examples of recording complaints. We reviewed six 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 learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, there had been complaints regarding approach in clinical consultations and one of the actions identified and undertaken was for additional communication skills training.

# 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 statement of purpose and there was a strategy in place to demonstrate how the practice intended to achieve the aims set out in its statement of purpose, such as continually improving healthcare services it provided for its patients through learning monitoring and auditing.

All staff we spoke with were positive about the practice and how well they worked together as a team. They reported they considered the practice was providing a family centred approach to care and was part of the local community.

### Governance arrangements

- The practice held regular governance meetings and staff told us that they were invited to attend, participate and contribute in these meetings, however there was no written record of the discussions and agreed actions. These meetings were not recorded, this was discussed with the practice who agreed to address this and put a process in place. We were told and saw evidence that the GPs meet regularly with the clinical team and patient records were updated with any relevant information.
- The practice had a number of policies and procedures in place to govern activity and these were available to staff in paper copy from within the practice managers office and reception office and on the practice intranet. We looked at a sample of these policies and procedures and saw that whilst they were all relevant to practice not all had a review date. We were unable to confirm that all had been reviewed on a routine basis.
- We saw that clinical audits had been undertaken by the GPs, for example, we were shown an audit of patients diagnosed with asthma. Patients medication was assessed and the action plan was for patients to be invited by letter to attend a review appointment.

### Leadership and culture

- The GPs were visible in the practice and encouraged an open culture of honesty and transparency within the practice team. Staff were encouraged to raise concerns and the staff we spoke with said they would be willing to discuss any problems they had with the practice

manager or any of the GP's or nurses. They told us the practice manager and GPs were approachable and always took the time to listen to all members of staff. Staff we spoke with told us that as they were a small team size meant they spoke to each other regularly however there was no evidence that these meetings were documented. Following discussions with the clinical leadership team it was recognised that a process needed to be in place. Following the inspection we received evidence of written record of meetings.

- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when there was unexpected or unintended safety incidents the practice gave affected people a verbal and written apology.
- There was a clear leadership structure in place and staff felt supported by management. Clinical staff told us that the practice supported them to maintain their clinical professional development through training and support. 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. For example, staff in the administration team had been trained to undertake all roles in this area and rotated regularly.

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

From our review of documentation and conversations with staff we saw that staff received regular appraisals of their performance and competencies. The examples we looked at showed these were an opportunity for staff to discuss any learning needs.

The practice encouraged and valued feedback from patients, the public and staff. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and comments received. There was an active PPG which met on a regular basis and submitted

# Are services well-led?

Good 

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

proposals for improvements to the practice. For example, the PPG had fed back to the practice that an extended time to book advance appointments would be beneficial to patients. The practice responded and appointments could now be booked up to 12 weeks in advance. There had been a number of complaints by patients experiencing difficulty in getting through to the practice on the telephone and to address this practice had installed an additional telephone line and made more staff available to answer calls at busy times.

## Continuous improvement

Clinical staff told us that the practice supported them to maintain their clinical professional development through training and support. Non-clinical staff also said their development was supported, for example one of the administration staff had recently trained as a phlebotomist. Protected learning time was used to provide staff with training and development they needed to carry out their roles and we saw that nurses had attended regular training events to maintain their knowledge of clinical topics they were involved in, such as diabetes and cytology screening. A member of the administration team was undergoing training to become a dispenser.

## 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
	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>Diagnostic and screening procedures.</p> <p>Surgical procedures.</p> <p>Treatment of disease, disorder or injury.</p> <p>Maternity and midwifery services.</p> <p>Family planning.</p> <p><b>Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2014.</b></p> <p><b>Good Governance</b></p> <p><b>How the regulation was not being met:</b></p> <p>The provider had not established systems or processes to operate effectively and ensure compliance with the requirements.</p> <p>Specifically:</p> <p>The provider did not ensure that Patient Group Directions (PGDs) were reviewed and signed by an appropriate person prior to the administration of vaccines by nurses.</p>

This section is primarily information for the provider

## Requirement notices

This was in breach of Regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.