

# The Hermitage Surgery

## Quality Report

Dammas Lane  
Swindon  
Wiltshire  
SN1 3EF  
Tel: 01793 522492  
Website: [www.hermitage.gpsurgery.net](http://www.hermitage.gpsurgery.net)

Date of inspection visit: 20 December 2016  
Date of publication: 26/01/2017

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

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to The Hermitage Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Hermitage Surgery on 20 December 2016. Overall the practice is rated as good.

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

- The practice had a clear vision to provide the best healthcare and be as effective and efficient as possible whilst remaining small, friendly and accessible.
- We observed a strong patient-centred culture, all staff supported the ethos that patient care was central to everything the practice did and that all patients were treated as individuals.
- The practice had been through a period of uncertainty regarding their on-going contract to offer GP services. The practice had been in negotiation with the local clinical commissioning group, NHS England and local providers to discuss how the contract was going to continue in the future due to the planned retirement of the GP partner and the nurse.
- There was a clear leadership structure and staff felt supported and valued.

- There was an open and transparent approach to safety and an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. The practice worked with local initiatives including the local community navigator scheme, care co-ordinators and community pharmacists to improve the care and treatment for patients.
- Feedback from patients about their care and treatment was consistently positive.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the duty of candour.

We noted one area where the provider should improve:

- Continue to develop the patient participation group for wider patient feedback.

**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



- 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 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 keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice was working together with the local care home managers and pharmacists to improve the care for patients, by providing regular meetings to discuss care needs and ways care could be improved and supporting the care home staff with training in the management of certain conditions which regularly occur; for example, urinary tract infections.
- Clinical audits demonstrated quality improvement. Findings were used by the practice to improve services. For example, the practice had noticed that they had a higher than average rate of referrals for neurology review (Neurologists diagnose, treat and manage disorders that affect the central nervous system, the brain and spinal cord, and the peripheral nervous system). They conducted an audit into their referrals to look for any areas to improve and arranged for a specialist speaker to come into the practice for an educational session.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.

# Summary of findings

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.

We observed a strong patient-centred culture.

Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example 97% of patients said the GP gave them enough time compared to the local average of 85% and the national average of 87%; 93% of patients said the last GP they saw was good at involving them in decisions about their care compared to the local average of 79% and the national average of 82%.

Feedback from patients about their care and treatment was consistently positive.

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice worked with local initiatives including the local community navigator scheme, care co-ordinators and community pharmacists to improve the care and treatment for patients.
- 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.
- Home visits were available for older patients and patients who had any complex clinical or social needs which resulted in difficulty attending the practice.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision to provide the best healthcare and be as effective and efficient as possible whilst remaining small, friendly and accessible. The practice valued the patients as central to how the service was run.
- The practice had been through a period of uncertainty regarding their ongoing contract to offer GP services. The practice had been in negotiation with the local clinical commissioning group, NHS England and local providers to discuss how the contract was going to continue in the future due to the planned retirement of the GP partner and the nurse.
- There was a clear leadership structure and staff felt supported and valued.
- There was a governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. The practice population contained approximately 25% of the patients aged 65 or older and 14% aged 75 or older.
- The practice was responsive to the needs of older people; home visiting was recognised as required for clinical and complex social reasons, for acute problems, chronic disease management and palliative care.
- The practice encouraged medicine compliance aides for medicines administration and liaised closely with local pharmacies to improve compliance.
- The practice held a register of patients at risk of an unplanned hospital admission. Patients had a personalised care plan, and an early review following hospital discharge.

### People with long term conditions

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

Good



- The clinical team all engaged in chronic disease management and any patients at risk of hospital admission were identified as a priority and had individualised care plans.
- Performance for diabetes related indicators were above the local and national averages, for example:
- The percentage of patients with diabetes who had their blood pressure recorded as within the target range (in the preceding 12 months 2015/16) was 96% which was higher than the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- The percentage of patients with diabetes who had the correct foot review (in the preceding 12 months 2015/16) was 91% which was higher than the CCG and national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

# Summary of findings

## Families, children and young people

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

- 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 A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the clinical commissioning group average of 82% and the national average of 82%.
- The practice offered sexual health advice including Chlamydia testing and offered contraceptive services including emergency contraception. If patients needed coils or implants they were referred to a local provider.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We were told that the practice worked effectively with the associated midwife and that the GPs were proactive about following up any care needs or treatments, and had good effective communication for these patients.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours appointments for patients who could not access the practice during normal working hours.

Good



## People whose circumstances may make them vulnerable

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

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- There were longer appointments available for patients with a learning disability, all the patients with a learning disability were offered an annual health review, we saw that 100% were offered in 2015/16 and all except one (who declined) were completed.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients, for example the community navigator (a member of staff who helps support social support needs as well as medical health needs).
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Patients were able to access counselling services within the practice and at local centres.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- Performance for mental health related indicators were mostly higher compared to the local and national averages, for example:
- The percentage of patients with a serious mental health illness who had their care plan reviewed (in the preceding 12 months 2015/16) was 94% which was higher than the CCG average of 87% and the national average of 89%.
- 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 percentage of patients with dementia who had had their care reviewed in the preceding 21 months (2015/16) was 75% compared to the CCG average of 81% and the national average of 83%.

Good





## Summary of findings

- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing considerably higher when compared to local and national averages. The GP survey distributed 222 forms and 110 were returned. This represented 2.8% of the practice's patient list.

92% of patients found it easy to get through to this practice by phone compared to the local average of 73% and the national average of 73%.

- 94% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 83% and the national average of 76%.
- 98% of patients described the overall experience of this GP practice as good compared to the local average of 83% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 75% 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 38 comment cards which were all very positive about the standard of care and treatment patients received.

We spoke with eight patients during the inspection. All eight patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. Many of the patients we spoke to told us how much they valued the friendly feel of the practice from the reception staff through to the GPs. Patients said they felt very involved in their care and did not feel rushed.

Data from the NHS Friends and Family test from October 2016 showed that 89% of patients said they would recommend Hermitage Surgery to their friends and family.

# The Hermitage Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser.

## Background to The Hermitage Surgery

Hermitage Surgery is located in the centre of Swindon. The practice serves a local population of approximately 4,000 patients from the centre of Swindon and an area called Old Town. The practice population has similar numbers of patients between the ages of 35 to 75 compared to local and national averages, lower than average numbers of those under 35 and higher than average numbers of patients over 75.

The prevalence of patients with a long standing health condition is 67% compared to the local clinical commissioning group (CCG) average of 55% and the national average of 54%. The practice serves some areas of social deprivation. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services. An area itself is not deprived: it is the circumstances and lifestyles of the people living there that affect its deprivation score.

The practice was in negotiation with the local CCG, NHS England and local GP providers regarding the contract to provide medical services. The practice has been under tender for its contract to provide GP services throughout most of 2016 and has therefore been through a period of uncertainty over the future of the surgery. Due to this the practice list has been closed to new patients since May 2016 in agreement with NHS England. The practice had

previously been a two partner practice although one had recently left and the remaining GP partner was in the process of registering as an individual provider with the Care Quality Commission.

The practice was a training practice and had until recently supported a GP registrar in training. (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine).

The practice is currently run by a managing GP partner supported by three salaried GPs, a part time practice manager, they are supported by one part time nurse, a regular locum health care assistant and a phlebotomist. The clinical team are supported by a team of receptionists and administration staff.

All the Hermitage Surgery clinical rooms for patients are situated on the ground floor with level access and automatic entrance doors.

The practice supports a number of patients in a number of local care homes and all the patients in two nursing homes (although the practice list has been closed since May 2015, the practice still accept new residents at these nursing homes).

The practice is open between 8.30am and 6pm Monday to Friday with phone access for any emergency from 8am to 8:30am and 6pm to 6:30pm. Appointments are available from 8am to 1pm and 2pm to 6:30pm daily. Extended hours appointments were available from 7am to 8am from Tuesday to Friday and until 7:30pm from Monday to Thursday.

When the practice is closed the care is provided by the out of hour's service currently provided by Great Western Hospital accessed via NHS 111.

# Detailed findings

The Hermitage Surgery was incorrectly registered at the time of our inspection as the application to register as an individual provider had not been completed.

The practice was registered to provider services from:

Hermitage Surgery

Dammas Lane

Swindon

SN1 3EF

This was our first inspection of Hermitage Surgery.

## 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 20 December 2016. During our visit we:

- Spoke with a range of staff including two GPs, one nurse, a locum health care assistant, the practice manager, two receptionists and two of the administration team. We also spoke with patients who used the service.

- Observed how patients were being treated by the reception team and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- The staff had access to incident reporting forms on the intranet, and staff would inform the practice manager of any incidents. 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 support and information, a verbal and/or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a recent incident where a patient needed oxygen for a prolonged period of time, the practice conducted an investigation into the incident to analyse any areas for improvement, conducted a review of and updated their equipment and shared the learning with all their staff and the staff who used the building from another service provider.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always

provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs, the nurse and the practice manager were trained to child protection or child safeguarding level three and the lead GP was trained to level four.

- 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 clean and tidy. The practice nurse was the infection control clinical lead who undertook the required training and updates and liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had undertaken regular walk rounds of the practice to review infection control between the annual audits and make improvements, for example equipment had been wall mounted and chairs were on a replacement schedule.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were appropriate processes 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment.

## Are services safe?

The practice used a regular locum health care assistant, they were trained to administer vaccines and medicines against a patient specific direction (PSD) or direction from a prescriber. (A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills the latest one was in December 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked 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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had experienced a high staff turnover over the last year; however the staff we spoke to were very proud of the service they had continued to provide and reported that they had worked hard to continue to provide the best access they could for the patients.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room, the range of emergency medicines covered the appropriate conditions and were regularly checked, in date and stored securely.
- 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.

The practice had a business continuity plan in place for major incidents such as power failure or building damage, including a local arrangement with a local practice in case of restricted access to the practice premises. The plan included emergency contact numbers for staff and copies were kept securely off site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice had a very detailed knowledge of the practice population; approximately 25% of the patients registered within the practice were aged 65 or older with 14% aged over 75. The practice had a high number of patients they supported in local care homes and a high proportion of home visit requests. The practice considered the needs of their population in the day to day running of their service provision, for example managing a high number of home visit requests alongside offering on the day access for urgent appointments.

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 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 had been involved in a 'tele dermatology' pilot to improve access for dermatology referrals. This had seen improved waiting times for a specialist dermatology opinion.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice was working together with the local care home managers and pharmacists to improve the care for these patients, by providing regular meetings to discuss care needs and ways care could be improved and supporting the care home staff with training in the management of certain conditions which regularly occur; for example, urinary tract infections.

### Management, monitoring and improving outcomes for people

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

points available, with an overall exception rate of 8% which was below the national average of 11%. (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).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

- Performance for diabetes related indicators were above the local and national averages, for example:
- The percentage of patients with diabetes who had their blood pressure recorded as within the target range (in the preceding 12 months 2015/16) was 96% which was higher than the clinical commissioning group (CCG) average of 91% and the national average of 91%.
- The percentage of patients with diabetes who had their cholesterol recorded as below the expected amount (in the preceding 12 months 2015/16) was 80% which was higher than the CCG average of 75% and the same as the national average of 80%.
- The percentage of patients with diabetes who had the correct foot review (in the preceding 12 months 2015/16) was 91% which was higher than the CCG and national average of 88%.

Performance for mental health related indicators were mostly higher compared to the local and national averages, for example:

- The percentage of patients with a serious mental health illness who had their care plan reviewed (in the preceding 12 months 2015/16) was 94% which was higher than the CCG average of 87% and the national average of 89%.
- The percentage of patients with a serious mental health illness who had their alcohol consumption recorded (in the preceding 12 months 2015/16) was 97% which was higher than the CCG average of 84% and the national average of 89%.
- The percentage of patients with dementia who had had their care reviewed in the preceding 21 months (2015/16) was 75% compared to the CCG average of 81% and the national average of 83%.

There was evidence of quality improvement including clinical audit.



# Are services effective?

## (for example, treatment is effective)

- There had been eight clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, the practice had noticed that they had a higher than average rate of referrals for neurology review. (Neurologists diagnose, treat and manage disorders that affect the central nervous system, the brain and spinal cord, and the peripheral nervous system). They conducted an audit into their referrals to look for any areas to improve and arranged for a specialist speaker to come into the practice for an educational session. The practice repeated the audit following the training and found they had improved the validity of their referrals.
- The practice had identified a training and education need relating to certain conditions that affect children and were arranging a specialist speaker for their next clinical meeting.

Information about patients' outcomes was used to make improvements. For example, following new guidance on the interaction between a certain medicine for diabetes and a vitamin injection, the practice conducted an audit to review their compliance with the recommendations, which showed 27% compliance. They shared the learning then repeated the audit which demonstrated an improvement from 27% to 50% within the first year.

### Effective staffing

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

- The practice had been through a period of uncertainty regarding their ongoing contract to offer GP services. The practice had been in negotiation with the local clinical commissioning group, NHS England and local providers to discuss how the contract was going to continue in the future due to the planned retirement of the GP partner and the nurse. The period of uncertainty had meant that some staff had left the practice, including the practice manager in early 2016. The GP partner had recruited a part time practice manager and worked together with the staff to provide a continued

service for the patients whilst a secure future plan was being arranged. The staff had pulled together to keep the focus on providing the best service for patients. The practice had recruited some new staff during the past year, staff we spoke to had undertaken an induction programme and reported they were well supported by the staff and management team. New staff covered topics such 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. Until September 2016 the practice had supported GPs undergoing training and had supported registrars. (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). Staff who had been supported through training at the practice reported a positive training experience with good support and development opportunities.
- 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 access to a local practice nurse support network.
- 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 revalidation of the GPs and nurse.
- 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.

### Coordinating patient care and information sharing



# Are services effective?

## (for example, treatment is effective)

The practice worked proactively with the local health care professionals such as the community midwife, counsellors, CCG community pharmacists, local pharmacists, palliative care nurses, the community navigator and local consultants.

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were offered advice at the practice or signposted to the relevant service, for example the practice were able to offer exercise advice but also refer patients to local exercise classes, access to gyms and local support groups.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 82% 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 followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from 2014/15 showed the practice's uptake for breast cancer screening was 74% which was comparable to the local average of 76% and the national average of 72%. The practice's uptake for bowel cancer screening was 59% which was comparable to the local average of 55% and the national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds (data from 2014/15) ranged from 79% to 97% (CCG range 70% to 98%, national range 73% to 95%) and five year olds from 80% to 100% (CCG range 71% to 98%, national range 81% to 95%).

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

Staff were motivated and inspired to offer kind and compassionate care.

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

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

All of the 38 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced, although four reported positive care but mixed satisfaction regarding appointment access, for example one card commented that they felt waiting a week for a routine appointment was too long and two cards expressed delays getting an appointment with a nurse. We fed back the four mixed comments to the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Many cards commented on an excellent service, friendly welcoming reception staff and good relationships with the GPs and nursing team.

We spoke with the one active member of the patient participation group (PPG). They also 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.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 100% 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%.
- 97% 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%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and the national average of 97%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

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

Patients told us they felt very involved and part of the 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 very 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 the local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

## Are services caring?

- 93% 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%.
- 89% of patients said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%

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

- Staff told us that translation services were available for patients who did not have English as a first language.

### **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 64 patients as carers (1.6% of the practice list). The practice had recently undertaken a survey of their carers to see how they could improve the service and/or the support for these patients. They had developed a carer's board for the waiting area to help support the information available for carers.

The practice had arranged for the local care support agency to deliver a talk for the staff to increase awareness of the support available. Written information leaflets were 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 or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example, the practice worked with local CCG initiatives where possible to improve services, including the local community navigator scheme, care co-ordinators and community pharmacists to improve the care and treatment for patients.

- There were longer appointments available for patients with a learning disability, all the patients with a learning disability were offered an annual health review, we saw that 100% were offered in 2015/16 and all except one (who declined) were completed.
- Home visits were available for older patients and patients who had any complex clinical or social needs which resulted in difficulty attending the practice. The practice conducted home visits for acute problems, chronic disease management and palliative care.
- The practice encouraged the use of medicine compliance aides for medicines administration and liaised closely with local pharmacies to improve compliance.
- The practice held a register of patients at risk of an unplanned hospital admission. Patients had a personalised care plan, and an early review following hospital discharge.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice worked closely with the community navigator to ensure personalised care plans and pathways were in place for those with long term complex needs.
- The practice reviewed the hospital systems data daily to monitor any patients who had an admission to hospital or accident and emergency so they could ensure their care needs were reviewed following discharge.
- Patients were able to receive travel vaccinations available on the NHS.
- The practice offered sexual health advice including chlamydia testing and offered contraceptive services including emergency contraception. If patients needed coils or implants they were referred to a local provider.

- There were disabled facilities and translation services available. The practice did not have a hearing loop; they had tried one and found it had not worked well in the surgery. The reception staff and clinical staff had not found this to be a problem; we did not see any complaints or concerns reported.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday with phone access for any emergency from 8am to 8:30am and 6pm to 6:30pm. Appointments were from 8am to 1pm and 2pm to 6:30pm daily. Extended hours appointments were available from 7am to 8am from Tuesday to Friday and until 7:30pm from Monday to Thursday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared to the local average of 75% and the national average of 76%.
- 92% of patients said they could get through easily to the practice by phone compared to the local average of 72% and the national average of 73%.
- 89% of patients said they usually get to see or speak to their preferred compared to the local average of 55% and the national average of 59%.
- 92% of patients described their experience of making an appointment as good compared to the local average of 69% and the national average of 73%.

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

The practice had a system to assess:

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

# Are services responsive to people's needs?

(for example, to feedback?)

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. We saw that the practice recorded verbal complaints to ensure complaints were responded to and any opportunities taken where possible to improve the experience for patients.

- 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 for example information was available on the practice website.

We looked at three complaints received in the last 12 months and they were dealt with in a timely way with openness and transparency. Lessons were learnt 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.

# Are services well-led?

Good 

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

## Our findings

The practice had been through a period of uncertainty regarding their ongoing contract to offer GP services. The practice had been in negotiation with the local clinical commissioning group, NHS England and local providers to discuss how the contract was going to continue in the future due to the planned retirement of the GP partner and the nurse. The period of uncertainty had meant that some staff had left the practice, including the practice manager in early 2016. The GP partner had recruited a part time practice manager and worked together with the staff to provide a continued service for the patients whilst a secure future plan was being arranged. The staff had pulled together to keep the focus on providing the best service for patients. The practice staff had continued with the aim of providing a local, friendly, personalised care for their population.

### Vision and strategy

The practice had a clear vision to provide the best healthcare and be as effective and efficient as possible whilst remaining small, friendly and accessible. The practice valued the patients as central to how the service was run and had an ethos to provide excellent primary care services for patients and encourage feedback in order to grow and improve.

The practice recognised the value of the personal development of all of the practice team.

- The practice had a mission statement and values which was displayed in the staff areas, staff knew and understood.
- The practice had a strategy and supporting business plans although the future of the practice had been uncertain over the previous year, the GP partner had been open and involved the staff throughout the discussions over the future of the practice.

### Governance arrangements

The practice had a 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.

- Practice specific policies were implemented and were available to all staff; all staff we spoke to were able to access the relevant policies and procedures.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of clinical and internal audit was used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the GP managing partner and the practice manager 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 they were very approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The practice encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice kept written records of verbal interactions as well as written correspondence.

There was a clear leadership structure in place and staff felt supported by the managing partner and the practice manager.

- 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.
- Staff said they felt respected, valued and supported and the staff were all proud of how well they had pulled



# Are services well-led?

Good 

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

together to maintain the service through a challenging year. Staff told us they were involved in discussions about the practice, and they were encouraged to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through surveys and complaints received. The practice had been trying to establish a patient participation group (PPG) for a couple of years, a PPG representative had been established but due to circumstances had not yet had formal meetings with the practice. However the PPG representative had been involved with the lead partner GP and involved in discussions on how to engage wider patient involvement in the PPG and gain proposals for improvements to the practice.
- The PPG representative confirmed that the practice was very engaged with trying to respond to patient feedback and acted promptly on past feedback for example, a phlebotomy chair had been removed following negative patient feedback and changes had been made to support patients with the booking in system following patient comments.

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example the practice worked with local clinical commissioning group initiatives where possible to improve services, including the local community navigator, care co-ordinators and community pharmacists.

The practice was working to join a local prescribing support scheme in the future when the information technology systems could be brought in line.

The practice had reviewed their home visit and ward round support they offered to try to manage the demand on GP time more effectively, they had looked for ways to utilise information technology to access patient notes in the patients homes to improve care and treatment and record keeping.

The practice was proactive about learning from educational opportunities and patient outcomes, for example the practice had arranged external speakers for an update on neurology (Neurologists diagnose, treat and manage disorders that affect the central nervous system (the brain and spinal cord) and the peripheral nervous system) and were planning an update on paediatric care (care of conditions related to children).