

# Dr Baker & Partners Practice

## Quality Report

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

## Ratings

Overall rating for this service		Good	
Are services safe?		Good	
Are services effective?		Requires improvement	
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 Baker and Partners on 18 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. Lessons learned were regularly shared with all staff.
- Risks to patients, including infection control, fire and legionella were assessed and well managed.
- Adequate arrangements were in place to deal with medical emergencies.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- The practice did not have a proactive identification system for identifying patients requiring palliative care.
- Most data showed patient outcomes were comparable to local and national averages; however, we saw no evidence that audits were driving improvements to patient outcomes.
- The practice had only identified 0.5% of their patients as carers, these patients were offered additional support and access to services.
- 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 in various formats and was easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and learning outcomes were regularly shared with staff.
- Patients told us 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.

# Summary of findings

- Staff received training, both internally and externally, however the monitoring of individual training records needed to be improved to prevent training needs being missed.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a business plan in place to drive improvements in the facilities and services offered by the practice over the next three years, this included the recent approval to become a training practice for GPs.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to implement a programme of clinical audits to drive improvement in patient outcomes.
- Proactively identify patients in need of palliative care and provide them with appropriate care and treatment.
- Continue to identify carers and provide them with appropriate support.
- Implement a system to improve the identification of staff training needs.

**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 in place for reporting, recording, analysing and sharing learning outcomes from significant events in order 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 systems, processes and practices in place to keep patients safe and safeguarded from abuse. Staff demonstrated a good understanding of safeguarding and regularly shared information regarding vulnerable patients.
- Risks to patients, including infection control, fire and legionella were assessed and well managed.
- Appropriate recruitment checks were carried out prior to the employment of both clinical and non-clinical staff.
- There were adequate arrangements in place to deal with medical emergencies.

### Are services effective?

The practice is rated as requires improvement for providing effective services, as there are areas where improvements should be made.

Requires improvement



- Data showed most patient outcomes were comparable to the local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Palliative care patients were not proactively identified by the practice, identification relied on decisions made by the local hospital. This had resulted in a low number of palliative patients being identified.
- There was no evidence that a programme of clinical audit was driving improvement in patient outcomes. One audit had recently been started and staff were keen to develop this.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice management team acknowledged that they needed to improve the system for monitoring staff training to ensure updates did not get missed.
- 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.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We 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 (CCG) to secure improvements to services where these were identified. One of the GP partners was the GP Chair for the CCG.
- Patients said they found it easy to make an appointment with a named GP, we saw evidence of appointments being widely available and there was continuity of care, with urgent appointments available the same day.
- The practice were implementing a Skype consultation service for patients.
- Additional services such as phlebotomy, blood pressure monitoring, ECG monitoring and counselling services were available in-house.
- 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



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. This vision and strategy was supported by a three year business plan. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- All staff had received appraisals and felt involved in the way the practice was being developed.
- There was a governance framework in place 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 in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and engaged with clinical and non-clinical staff.
- There was a strong focus on continuous learning and improvement at all levels. The practice had recently been approved as a training practice for GPs.

# 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

Good



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

- The practice offered proactive, personalised care, in line with clinical guidelines, to meet the needs of the older people in its population.
- The practice worked with other organisations such as dementia services and a local falls clinic to identify health concerns in older people.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients living in care homes were visited when required.
- National data for patient outcomes for conditions commonly found in older people, such as COPD, was comparable to local and national averages.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- National data for people with long-term conditions, such as diabetes, was comparable to local and national averages. For example, 80% of patients with diabetes, on the register, had their last IFCC HbA1c recorded as 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015); this was comparable to the CCG average of 75% and the national average of 78%.
- Longer appointments and home visits were provided when needed.
- The practice promoted educational courses for patients with long-term conditions to enhance self-care.
- 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

Good



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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisations were provided by the nursing team. The rates were comparable to CCG averages 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. Staff had a good understanding of Gillick competency.
- The cervical screening rate was above average; 89% of women aged 25 to 64 years old had a record of a cervical screening test having been performed in the preceding 5 years (01/04/2014 to 31/03/2015), this was above the CCG average of 87% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice maintained close links with midwives and health visitors and actively managed six week post-natal checks.
- The practice actively engaged with local schools to promote topics such as hand washing.

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

Good



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 signed up to the local GP Alliance to offer patients weekend appointments at an alternative location.
- The practice was proactive in offering online services and were implementing a system to provide Skype consultations with a GP. Text messaging and emails were also used to enhance communication.
- There was a full range of health promotion and screening that reflected the needs for this age group.
- Health checks were promoted for patients aged 40 to 74 years old.

# Summary of findings

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. There was a system in place to register patients with no fixed abode.
- The practice offered longer, flexible appointments for patients with a learning disability. Home visits were also available for this patient group to offer health checks and on-going care as required.
- The practice regularly worked with other health care professionals and external organisations in the case management of vulnerable patients.
- The practice informed vulnerable patients and their families about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to recognise signs of abuse in vulnerable adults and children and how to act on these concerns. Staff were trained and 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)

Good



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

- 96% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months; this was above to the CCG average of 80% and the national average of 84%.
- National data for other mental health indicators showed the practice performance was comparable to local and national data.
- The practice regularly worked with multi-disciplinary teams and local services 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.
- In-house counselling, provided by the CCG, was available to patients.

# Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including a befriending service and some volunteering opportunities.
- 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 in January 2016. The results showed the practice was performing in line with local and national averages. 269 survey forms were distributed and 131 were returned. This represented a 49% completion rate.

- 68% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 69% and the national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 85% and the national average of 85%.

- 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 83% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG 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 one comment card which was positive about the standard of care received from all staff.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought all staff were professional and caring.

## Areas for improvement

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

- Continue to implement a programme of clinical audits to drive improvement in patient outcomes.
- Proactively identify patients in need of palliative care and provide them with appropriate care and treatment.
- Continue to identify carers and provide them with appropriate support.
- Implement a system to improve the identification of staff training needs.

# Dr Baker & Partners Practice

## 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 Dr Baker & Partners Practice

Dr Baker and Partners is located within purpose built premises which has been extended several times. The building is also shared with another practice. The practice is located in a residential area of Benfleet, Essex which has good public transport links. There is limited parking available for patients at the practice. The practice profile shows there is a larger than average population aged 60 years and over, and a smaller than average population aged 45 years and under.

At the time of our inspection the practice had a list size of 6243 patients. There are four GP partners, two male and two female. At the time of our inspection, the nursing team was undergoing a transitional phase and merging with the nursing team from the second practice within the same building. When this transition phase is complete there will be two advanced nurse practitioners, three practice nurses and two health care assistants working for both practices in the building.

There is also a joint practice management and non-clinical team who serve the two practices. This team includes two practice managers, an assistant practice manager, a reception manager and a number of administrative and reception staff.

The practice is a training practice for nurses and has recently been approved as a training practice for GP trainees. The first intake for trainees is due in August 2016.

The practice is open between 8am and 7pm on weekdays. Appointments are available between 8.30am and 12pm and again between 3.30pm and 6pm on weekdays. The practice is a member of the local GP Alliance which provides appointments to patients at an alternative location at weekends.

When the practice is closed, patients are directed to call 111 to access out of hour's services provided by Integrated Care 24.

## 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 18 May 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, nursing staff, a practice manager and reception staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with 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 in place for reporting and recording significant events.

- Staff told us they would inform either 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 incidents occurred, patients were informed, received support, an open and honest account of what had happened, an apology and were informed of any actions to improve processes to prevent the same thing happening again.
- We saw evidence of significant events being recorded and discussed with staff as well as external organisations. Significant events were a standing item on the agenda of staff meetings to ensure the sharing of learning outcomes.

There was a protocol in place for the reporting of safety incidents and for dealing with received safety and medicine alerts. When alerts were received via a central email address, the information was disseminated to a lead GP and discussed at the next clinical meeting. Patients affected by any safety or medicine alert were identified and had their care and treatment altered where necessary.

### Overview of safety systems and processes

The practice had systems, processes and practices in place 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 for vulnerable adults, young people and children were all accessible to all staff. Additional information included who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. All 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. All GPs were trained to child protection level 3. Nursing staff were trained to level two and non-clinical staff had undertaken level one training. The healthcare assistant had only completed level one training but when this was highlighted on the day of our inspection they immediately undertook online level two training.

- A notice in the waiting room advised patients that chaperones were available if required. A chaperone policy and guidelines were available for all staff. There were five staff members who acted as chaperones, they 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. One of the advanced nurse practitioners 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 and clinical staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). 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 teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were securely stored and there were systems in place to monitor the use of hand written prescriptions. Two of the nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GP partners for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer

## Are services safe?

medicines in line with legislation. The healthcare assistant was also trained to administer vaccines and medicines against a patient specific direction from a prescriber.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. These checks included 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 in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had carried out a recent fire risk assessment and we saw evidence of actions being taken to address risks identified. The practice had also carried out a recent fire drill. All electrical equipment was checked annually, as per the practice policy, 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 infection control and legionella. The legionella risk assessment had been carried out recently and we saw evidence of actions being taken to address the risks identified (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.

### 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 practice computer system available to all staff in the consultation and treatment rooms which alerted staff to any emergency.
- Clinical staff received annual basic life support training. One nurse had not received an update within 12 months but was booked on a training course. Non-clinical staff all received basic life support training at a maximum time interval of three years.
- The practice had a defibrillator available on the premises; this was shared with the second practice located in the same building. Emergency oxygen was also available with adult and children's masks. A first aid kit and incident book for recording any accidents were available.
- Emergency medicines were easily accessible in a resuscitation trolley in the secured reception office. These emergency medicines were accessible to all staff who knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for all staff as well as contact details for utility suppliers.

# 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 we saw evidence of this information being used to deliver care and treatment that met patients' needs.

### 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, from 2014/2015 were 90% of the total number of points available; this was comparable to the CCG average of 90% and the national average of 95%. The practice recorded overall exception reporting of 5% which was below the CCG average of 7% and the national average of 9%. (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).

QOF data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable to local and national averages. For example, 77% of patients with diabetes, on the register had their last measured total cholesterol (measured in the preceding 12 months) as 5 mmol/l or less, this was comparable to the CCG average of 77% and the national average of 81%.
- Performance for mental health related indicators was comparable to local and national averages. For example, 77% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015); this was the same as the CCG average of 77% but below the national average of 88%. 96% of patients

diagnosed with dementia had their care reviewed in a face to face review in the preceding 12 months (01/04/2014 to 31/03/2015); this was above the CCG average of 80% and the national average of 84%.

The practice were aware of this data and areas for improvement. Actions were being implemented at the time of our inspection to address these areas.

There was little other evidence of quality improvement such as clinical audit.

- There had been one clinical audit started in the last two years, however this was not a completed audit where improvements were implemented or monitored. We were told that other audits had been started but there were no completed cycles available.
- The practice participated in national benchmarking, accreditation, peer review and research. There was a regular schedule of peer review meetings and the practice was a research accredited practice.

### 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, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice acknowledged they needed to improve their system for tracking staff training and work was underway to update a training matrix. Most staff had received the required training for their role although one healthcare assistant (HCA) had not undertaken adequate safeguarding training and one nurse had not received basic life support training in the last 12 months. This was immediately remedied on the day of our inspection as the HCA completed online training and the nurse was booked onto a basic life support training course.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Clinical staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

# Are services effective?

## (for example, treatment is effective)

competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings and peer reviews.

- 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

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.
- The practice held monthly multidisciplinary meetings to discuss complex cases in addition to hosting this meeting for the locality. Palliative care meetings were also held every two months to discuss patients on, and those being added to the palliative care register. We saw minutes of these meetings which were detailed and provided evidence of patient records being updated. However, the systems for identifying palliative patients was unclear and relied on a decision from the hospital rather than proactive identification by the GPs and the practice had only identified 13 palliative patients. Not all of these had an end of life care plan in place or a DNAR in place.

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.

### 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. One of the GP partners was trialling a new mobile application to assist healthcare professionals to assess mental capacity and provide information on the Derivation of Liberty.
- The practice had a detailed consent template to discuss procedures such as cryotherapy and joint injections, verbal consent was then gained and recorded appropriately on the patient record.

### Supporting patients to live healthier lives

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

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients had access to in-house services and were also signposted to the relevant service.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 87% and the national average of 82%. There was a policy to offer three written reminders for patients who did not attend for their cervical screening test. There were 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The screening rates were above local and national average for both breast and bowel cancer:

- 75% of females, aged 50 to 70 years old, were screened for breast cancer in the last 36 months compared to the CCG average of 72% and the national average of 72%.
- 66% of patients, aged 60 to 69 years old, were screened for bowel cancer in the last 30 months compared to the CCG average of 61% and the national average of 58%

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example:

## Are services effective?

(for example, treatment is effective)

- The percentage of childhood PCV vaccinations given to under one year olds was 97% compared to the CCG percentage of 97%.
- The percentage of childhood Men C booster vaccinations given to under two year olds was 98% compared to the CCG percentage of 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years old and were carried out by the healthcare assistant. 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, both clinical and non-clinical, were courteous and 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. A sign in reception promoted this and patients we spoke with were aware of the option for increased privacy.

The only patient Care Quality Commission comment card we received was positive about the service experienced.

At a recent, previous inspection of the adjoining practice we spoke with members of the joint patient participation group (PPG). They told us that, as patients of Dr Baker and Partners, they were satisfied with the care provided by the practice.

Patients we spoke with on the day of our inspection told us that all staff showed compassion when needed and provided support when required.

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 above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 84% and the national average of 89%.
- 87% of patients said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 99% 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%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% 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. Patients told us they felt they were treated as individuals and they felt listened to and supported by staff. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment card we received was also positive and aligned with these views.

Results from the national GP patient survey, published in January 2016, showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 84% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that telephone translation services were available for patients who did not have English as a first language, although this was rarely needed. We saw notices in the reception areas informing patients this service was available.
- A wide range of information leaflets were available in easy read format. Information was also available on the practice website.

## Are services caring?

### **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 local and national 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 34 patients as carers which represented 0.5% of the practice list. The

practice had a member of staff who acted as a 'carer's champion' and ensured the carer's notice board was up to date, provided information on the practice website regarding financial support for carers and promoted additional clinical support including flu vaccinations and health checks.

There was a lead GP responsible for supporting families who had suffered bereavement. This GP visited the families at home and offered support and further advice on additional support services in the local area.

# 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. One of the partner GPs was the GP Chair for the CCG and ensured the practice regularly engaged with this and other organisations.

- The practice was signed up to the local GP Alliance which offered patients weekend appointments at an alternative location.
- There were longer appointments, at flexible times, 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.
- 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.
- Phlebotomy services and smoking cessation advice were available in-house
- Patients were offered educational courses to help them self-manage conditions such as diabetes.
- There were facilities for disabled patients, a hearing loop and translation services available.
- There were baby changing and breast feeding facilities available.

### Access to the service

The practice was open between 8am and 7pm on weekdays. Appointments were available between 8.30am and 12pm and again between 3.30pm and 6pm on weekdays. The practice was a member of the local GP Alliance which provided appointments to patients at an alternative location at weekends. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 75%.
- 68% of patients said they could get through easily to the practice by phone compared to the CCG 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 and on the day of our inspection we saw evidence of routine appointments being readily available with all GPs throughout the week.

There was a daily duty GP who attended home visits when required. 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 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 on the practice website, in the waiting room and in the practice leaflet.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. We saw evidence of these lessons being shared and discussed with staff at staff meetings.

# 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 vision to 'deliver high quality patient centred care to all patients'.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a supporting business plan to drive improvement and support the strategy for the next three years.

### 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 in place and ensured that:

- There was a staffing structure in place, and although this was undergoing a transitional phase, all staff were aware of their own roles and responsibilities.
- Policies governing clinical and non-clinical practice and processes were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained, areas for improvement were identified and actions were taken to address these areas.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- A programme of continuous clinical audit was not being used to monitor quality and to make improvements, although one audit had been started. The GPs acknowledged that this could be improved.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care whilst trying to use innovative measures to improve patient treatment. Staff told us the partners were 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 and there was a policy available to all staff to support this. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- We saw evidence to demonstrate that, following an incident, practice gave affected people reasonable support, truthful information and a verbal and written apology.

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

- Staff told us the practice held monthly partner meetings, regular nurse meetings, whole practice meetings and management meetings in addition to joint meetings with the second practice located within the same building.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues on an ad-hoc basis or at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the GP partners and the practice management team. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, 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 the patient participation group (PPG) and through surveys and complaints received. The PPG was a joint group made up of patients from the two practices located in the same building. The PPG met every three months and the meetings were attended by staff, including GPs, from both practices. The group assisted the practice to carry out patient surveys 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 management team. For example, following recommendations associated with the phone system, online services and the appointment system, changes had been and were being implemented to improve patient satisfaction.

- The practice had gathered feedback from staff through staff meetings, appraisals and on-going discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with all members of staff. Staff told us 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 had recently been approved as a training practice for trainee GPs and were due their first intake in August 2016. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area, for example they had participated in trials for the early diagnosis of dementia. The practice were also in the process of initiating Skype consultations with one of the GP partners.