

# Devon Road Surgery

## Quality Report

32 Devon Road  
South Darenth  
Kent  
DA4 9AB

Tel: 01322 862121

Website: [www.devonroadsurgery.co.uk](http://www.devonroadsurgery.co.uk)

Date of inspection visit: 22 November 2016

Date of publication: 16/01/2017

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	4
The six population groups and what we found	7
What people who use the service say	11
Areas for improvement	11

### Detailed findings from this inspection

Our inspection team	12
Background to Devon Road Surgery	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Devon Road Surgery on 22 November 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 for reporting and recording significant events. Learning from these was discussed and shared at practice meetings.
- Risks to patients were assessed and well managed, including infection prevention and control.
- 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 had a designated stop smoking advisor and held two clinics each week, one during extended hours to help people to access the service and stop smoking.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment and this was reflected in data from the national GP patient survey.
- The GPs at the practice each had a personal list of registered patients.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Data from the national GP patient survey rated the practice higher than the clinical commissioning group and the national average for being able to see or speak to their preferred GP.
- Data from the national GP patient survey rated the practice higher than the clinical commissioning group (CCG) and the national average for telephone access and most other areas.

# Summary of findings

- The practice had responsibility for the care of patients at two nursing homes and a residential home and a designated GP visited each on a weekly basis.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Continue to identify patients with caring responsibilities to help ensure they are offered appropriate support.

**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 systems, processes and practices to help keep patients safe and safeguarded from abuse
- Risks to patients were assessed and well managed including those related to infection prevention and control.

### 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 at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient's views gathered at inspection showed that they felt they were treated with compassion, dignity and respect and involved in decisions about their care and treatment and this was reflected in data from the national GP patient survey.
- We observed that staff treated patients with kindness and respect and maintained patient confidentiality.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local patient population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment and there was continuity of care, with urgent appointments available the same day, with extended hours being provided at the practice on a Monday evening each week and on a Saturday morning once each month.
- The practice had a designated stop smoking advisor and held two clinics each week, one during extended hours to help people to access the service and stop smoking.
- Data from the national GP patient survey showed patients rated the practice higher than others for telephone accessibility.
- The percentage of respondents to the GP patient survey who stated that they always or almost always see or speak to the GP they preferred (01/07/2015 to 31/03/2016) was 84% which was considerably higher than the CCG average of 36% and the national average of 35%.
- The GPs at the practice maintained personal lists of registered patients and were able to demonstrate that they knew their patients.
- There were longer appointments available for patients with a learning disability and for those who required them.
- The practice had responsibility for the care of patients at two nursing homes and a residential home and a designated GP visited each on a weekly basis.
- The building was accessible for less mobile patients and there were accessible toilets and baby change facilities.
- 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.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

# Summary of findings

- 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.
- There was an overarching 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 help ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement at all levels.

# 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 patient population, for example, end of life care and dementia care management.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice operated a personal list system and all patients had a named GP. This helped to ensure continuity of care.
- Monthly multi-disciplinary meetings were held to discuss the care and treatment needs of patients, including end of life care and these were well attended.
- The practice identified at risk patients and created admissions avoidance care plans.
- The practice had responsibility for the care of patients at two nursing homes and a residential home and a designated GP visited each on a weekly basis.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015), was 83% which was higher than the CCG average of 77% and the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less (01/04/2014 to 31/03/2015) was 82% which was higher than the CCG average of 76% and the national average of 78%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 95% which was higher than the CCG average of 87% and the national average of 88%.

# Summary of findings

- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less (01/04/2014 to 31/03/2015) was 93% which was higher than the CCG average of 83% and the national average of 84%.
- Longer appointments and home visits were available when needed.
- The practice operated a personal list system and all 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.

## 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Staff members told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 86% which was comparable to the CCG average of 87% and the national average at 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

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 patient population, those recently retired and students had been identified and the practice had adjusted the services it offered to help ensure these were accessible, flexible and offered continuity of care.

Good





# Summary of findings

- 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.
- Extended hours appointments were offered weekly on a Monday evening from 6.30pm to 7.30pm and once each month on a Saturday morning from 8am until 11am.

## 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



- The practice held a register of patients living in vulnerable circumstances including people living with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- 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).

Good



- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% which was lower than the CCG and national average of 90%.
- 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 advanced care planning for patients with dementia.

## 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 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 July 2016. The results showed the practice was performing above the national average. 251 survey forms were distributed and 105 were returned. This represented approximately 2% of the practice's patient list.

- 84% of respondents found it easy to get through to this practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 87% of respondents were able to get an appointment to see or speak with someone the last time they tried which is higher than the CCG average of 74% and the national average of 76%.
- 92% of respondents described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 91% of respondents 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards and all of these were positive about the standard of care received, with three containing both positive and negative comments. The comments cards stated, that the care provided was of a high standard and respectful; patients felt listened to, understood and had trust in the advice and treatment received from the GP partners and nursing staff. The comments also stated that reception staff were helpful and that the service provided was friendly and caring.

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

## Areas for improvement

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

The areas where the provider should make improvement are:

- Continue to identify patients with caring responsibilities to help ensure they are offered appropriate support.

# Devon Road Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector.  
The team included a GP Specialist Adviser.

## Background to Devon Road Surgery

Devon Road Surgery is located in a semi-rural residential location in the Darent Valley, Kent and provides primary medical services to approximately 6,490 patients in the villages of Hawley, Sutton at Hone, South Darenth and Horton Kirby. The practice is housed in a purpose built building, with consulting and treatment rooms all based on the ground floor and some administration and a meeting/training room on the first floor. Dispensary services are provided from an integrated dispensary on the ground floor. There are limited parking facilities but road side parking is available at a short walk from the practice. The building is accessible for patients with mobility issues and those with babies/young children.

The practice patient population mostly compares to the England average in terms of age distribution, however, there are slightly more female patients from the age of 65 – 85+.

It is in an area where the population is considered to be less deprived.

There are three GP partners at the practice who are all male. There is a female nursing team including a nurse prescriber to help provide patients with a female clinician

where required, three practice nurses, a health care assistant and a phlebotomist. The GPs and nurses are supported by a practice management team and reception/administration staff.

The practice is open from Monday, Tuesday, Thursday and Friday between 8.30am and 6.30pm and Wednesday from 8.30am to 1pm. (There is an emergency number for patients to call between 8am and 8.30am). Extended hours appointments are available every Monday evening from 6.30pm until 7.30pm and one Saturday morning each month from 8am until 11am. In addition, appointments can be booked up to two weeks in advance, urgent on the day appointments are available for people that need them. Appointments can be booked over the telephone or in person at the practice. There are arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

The practice runs a number of services for its patients including; family planning; minor surgery; chronic disease management; 24 hour, seven day ECG monitoring; NHS health checks; stop smoking advice; phlebotomy; immunisations and travel vaccines and advice.

Services are provided from: 32 Devon Road, South Darenth, Kent, DA4 9AB

## 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

# Detailed findings

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 22 November 2016 and a visit to the dispensary on 23 November 2016.

During our visit we:

- Spoke with a range of staff including GP partners, nurses and administration staff and spoke with patients.
- Observed how patients were cared for within the reception area.
- 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.

- Staff told us they would inform the practice manager or GP partners of any incidents and there was a recording template available for them to complete. Staff told us they would tell the practice manager first and then complete the form. The incident recording template 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 that the practice had recorded twelve significant events in a twelve month period, and that these were categorised according to type and were discussed at clinical meetings, with learning shared across the practice team. Staff told us that there was a no blame culture at the practice and that significant events were learning events.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to help prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events to help ensure learning from them took place.

We reviewed safety records, 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, where medicine that helped prevent blood clots had been administered prior to surgery and therefore prevented this taking place, the practice devised a patient information leaflet to give to patients using the medicine to help ensure that they were aware not to administer prior to surgery and added the advice to their protocol regarding the treatment of patients with medicines that helped prevent blood clots. This information was presented at a clinical meeting and the learning was shared across the staff team.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults from abuse. There were policies which were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. This information was printed and posted on the wall of each consulting and treatment room. It was also available on the desktop of each computer. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. There was a system for identifying looked after children as well as those on the child protection register and this extended to include other family members where necessary. Staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs had completed level three safeguarding training, nursing staff were trained to child safeguarding level two and non-clinical staff had completed training at level one. All staff we spoke with were aware of types of abuse and the action to take if they suspected abuse.
- We saw that a significant event which was raised as a safeguarding alert at the practice was managed in a comprehensive way and that the practice's approach was to investigate fully and ask what they could have done better.
- A notice in the waiting room and in all consulting and treatment rooms 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. There was an 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 and clinical staff had

## Are services safe?

received up to date training. Annual infection control audits were undertaken and these were on-going. The practice had a comprehensive cleaning schedule for contracted cleaners.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice helped keep patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). There were processes for handling repeat prescriptions which included the review of high risk medicines.
- Devon Road Surgery had an on-site dispensary and was able to provide dispensary services to those patients on the practice list who live more than one mile (1.6km) from their nearest pharmacy, approximately 1000 patients. The dispensary was located in a designated area on the ground floor. Systems to ensure that medicines were stored safely were effective. There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. The practice had a second check system to monitor the quality of the dispensing process and there was a formal recording of near misses (dispensing errors that do not reach a patient) and evidence of learning from these. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicine). These were reviewed annually and had been signed by staff.
- All medicines were stored securely, including emergency medicines, vaccines and oxygen. Expiry dates of medicines were checked regularly and unwanted medicines were disposed of safely.
- We checked the system for the receipt, storage and dispensing of medicines requiring refrigeration. The storage facilities for such medicines were suitable. Routine daily checks to ensure the correct temperature of the fridges used for storage were maintained. Staff told us of the procedure they would follow in the event that fridge temperatures were outside of the required range and these were in line with current guidance. Stock records and audit checks kept of the medicines held in the dispensary were clear. Staff told us that routine expiry date checks were undertaken;
- All prescriptions were signed before dispensing. Dispensing areas were clean and organised and

medicines selected for dispensing were accuracy checked by a second trained person. We were told that very few dispensing errors and 'near misses' (dispensing errors that are identified before the medicines leave the dispensary) had occurred. These were discussed by staff, and were recorded and there was evidence that learning from incidents was used to improve practice.

- Medicine safety alerts (alerts that are issued nationally regarding faulty products) were disseminated to relevant practice staff and records demonstrated that appropriate action had been taken.
- The practice held a stock of controlled drugs (CDs - medicines with potential for misuse, requiring special storage and closer monitoring). CDs were stored safely, registers were completed correctly and monthly balance checks were conducted by staff. Destruction of patients' returned CDs and expired stocks of CDs was carried out in line with legislation.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. For example, a two cycle anti-biotic audit had been carried out and the practice were a low prescriber for this medicine. Blank prescription printing paper was securely stored and there were systems to monitor its use. Nurses who were qualified as independent prescribers could prescribe medicines for specific clinical conditions, they received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, evidence of 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. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out fire drills. All electrical equipment was checked to ensure

## Are services safe?

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).

- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty. Staff told us that the practice had identified a shortage of nursing time and that a nurse and a health care assistant had been recruited to address this.

### **Arrangements to deal with emergencies and major incidents**

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

- There was an instant messaging system on the computers and a panic button in all the consultation and treatment rooms, reception and the administration offices, which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. Staff told us that the defibrillator had been used successfully.
- A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included emergency contact numbers for all staff members. There was an emergency grab box in the reception area with items that could be needed inside, such as protective equipment.



# 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 to help 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. For example, NICE on Sepsis (NICE guideline 51, 2016) information had been shared with all clinical staff and placed on the wall in consulting and treatment rooms.
- The practice monitored that these guidelines were followed through discussions at meetings, risk assessments and audits.

### 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 (2015/16) were 99% of the total number of points available. The practice's overall exception rate was 8% which was lower than the CCG average of 11% and the national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

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

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months), was 5 mmol/l or less (01/04/2014 to 31/03/2015) was 83% which was higher than the CCG average of 78% and comparable to the national average of 81%.

- The percentage of patients with diabetes, on the register, who had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 100% compared to 94% at CCG and national average.
- Performance for mental health related indicators was comparable to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 83% compared to 86% at CCG level and 88% at national average. However, none of the patients at the practice were excepted from this target compared to 12% average exception rate at CCG level and 13% at national average.

There was evidence of quality improvement including clinical audit.

- There had been a number of clinical audits undertaken in the last two years and these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice completed an audit to check the vaccination status of patients who had undergone a splenectomy (a surgical procedure to remove a person's spleen) as it is considered standard practice to give specific vaccinations to help ensure the patients are kept safe from infection and influenza. A re-audit had been carried out, to help ensure patients were treated in line with current guidance.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, a member of the reception team was training to be a dispensary assistant and a practice nurse was able to train to become a nurse prescriber.

# Are services effective?

## (for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. All long standing staff had received an annual appraisal and this included a learning assessment.
- 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, in-house and external training.

### Coordinating patient care and information sharing

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

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

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

### 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. Training carried out by a GP had been cascaded to the staff team and all GP's were aware of the deprivation of liberty safeguards in place at the nursing homes they visited.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance and all staff spoken with were aware of implied and written consent.
- 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. Written consent forms were signed and scanned into the patient record. Verbal consent was given for vaccinations; however, staff told us that this was recorded on the patients notes along with which parent was present.
- The practice had a policy on consent for teenagers.

### 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.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 87% and higher than the national average of 82%. The practice ensured a female sample taker was available. There were systems to help 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. For example, staff told us that as well as the standard letter, the practice nurses telephone the patients where there are abnormal results, and try to ensure the patient is aware they have to be followed up.

# Are services effective?

(for example, treatment is effective)

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- The practice's uptake for females aged between 50-70 years, screened for breast cancer in last 36 months was 78%, which was higher than both the CCG and national average of 72%.
- The practice's uptake for patients aged between 60-69 years, screened for bowel cancer in last 30 months was 60% which was higher than the CCG average of 57% and the national average of 58%.

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

the vaccinations given to children of twelve months ranged from 95% to 99%, the CCG average ranged from 87% to 93% and the national average ranged from 73% to 93%; for children of 24 months the range was from 56% to 97% compared to the CCG average of 51% to 94% and the national average of 73% to 95% and for five year olds the range was from 84% to 96% at the practice, from 85% to 94% at CCG level and from 81% to 95% at national average.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient Care Quality Commission comment cards we received contained positive comments about the service experienced. Three also contained negative comments about difficulty getting an appointment. Patients said they felt the practice offered a very professional, caring service with GP's who listen and take the time to explain treatment and a helpful, attentive staff team.

The practice had benefited from a proactive patient participation group (PPG) who were formed in 2011 and carried out annual patient surveys, with action plans. The PPG had been unable to recruit a replacement chairperson and had therefore formed a virtual group which was initiated by some of the original members. The action plan for 2014/15 had focused on developing the practice friends and family test, developing the virtual PPG and continuing with the practice newsletter. Copies of the newsletter were displayed on the website and the take up for friends and family at the practice had increased. There were 91 responses and 96% of patients recommended the practice.

Comment cards highlighted that there was continuity of care at the practice and that staff responded with compassion to requests for help and provided support to patients when required; they also told us that patients were satisfied with the care provided by the practice and that their dignity and privacy was respected.

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 respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 86% and the national average of 89%.
- 97% of respondents said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 98% of respondents 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%.
- 96% of respondents said the last GP they spoke with was good at treating them with care and concern compared to the national average of 85%.
- 97% of respondents said the last nurse they spoke with was good at treating them with care and concern compared to the national average of 91%.
- 86% of respondents said they found the receptionists at the practice helpful compared to the CCG and national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We reviewed a sample of patients care plans and found these were detailed and 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 local and national averages. For example,

- 93% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and the national average of 86%.

## Are services caring?

- 86% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and the national average of 82%.
- 96% of respondents said the last nurse they saw was good at involving them in decisions about their care which was comparable to the CCG average of 86% and to the national average of 85%.

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

- Staff told us that there was an interpreter service available for patients who did not have English as their first language.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 35 (approximately 0.5% of the registered patient list) of its patients as carers and these patients were supported by being signposted to support organisations. The practice website had information for carers and young carers and there was a carer's lead identified with specific responsibility for developing a carer's pack.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone and offered relatives support with the process of grieving, including signposting patients to relevant support services.

# 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 patient population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on a Monday evening from 6.30pm to 7.30pm and one Saturday morning per month from 8am to 11am, for working patients who could not attend during normal opening hours.
- The practice offered a personal list system and each patient had a named GP who they could see for all their care and treatment needs.
- The practice had a Specialist Nurse Practitioner to help provide patients with a female clinician where required.
- The practice had two diabetes specialist nurses and undertaken training in diabetes to help meet the needs of patients with this long term condition.
- There were longer appointments available for patients with a learning disability and for those who required them.
- 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 required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were accessible facilities, a portable hearing loop and translation services were available.
- The practice offered a phlebotomy service.
- The practice had responsibility for the care of patients at two nursing homes and a residential home and a designated GP visited each on a weekly basis.

### Access to the service

The practice was open from Monday, Tuesday, Thursday and Friday between 8.30am and 6.30pm and Wednesday from 8.30am to 1pm. Extended hours appointments were available every Monday evening from 6.30pm until 7.30pm and one Saturday morning each month from 8am until 11am. In addition to appointments that could be booked

up to two weeks in advance, urgent on the day appointments were available for people that needed them. Appointments could be booked over the telephone or in person at the practice. There were arrangements with other providers (Integrated Care 24) to deliver services to patients outside of the practice's working hours.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were better than the national average.

- 87% of respondents were satisfied with the practice's opening hours compared to 75% at the CCG average and the national average of 79%.
- 84% of respondents said they could get through easily to the practice by telephone compared to the CCG average of 64% and the national average of 73%.
- 84% of respondents said that they always or almost always see or speak to the GP they prefer which was higher than the CCG average of 36% and the national average of 35%.

CQC comment cards received during the inspection confirmed that patients were able to get appointments when they needed them, however, three of these did express that there was sometimes difficulty accessing the practice.

The practice had a system to assess:

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

Staff told us that a GP would make the decision regarding a home visit. 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 in an emergency situation and 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.
- There was a designated responsible person who handled all complaints in the practice.

# Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system, for example, there was a poster in the waiting area, and the information was available as a leaflet, in the practice booklet and on-line.

We looked at five complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified time frames. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was shared and practice

meetings. Patients we spoke with were aware of the process to follow if they wanted to make a complaint. For example, where a patient was unhappy that they did not receive a second call back from a GP when they had missed the first call, the practice looked at what could have been done better and took action to ensure that a new process was established whereby reception staff put the name of the patient into the call back list for a second time so that the GP was aware to try again. This was discussed at a practice meeting and learning was shared and action taken.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement and the staff we spoke with were aware of the aim to provide good quality patient centred care. The practice intention was to provide healthcare of a standard that they would like their own family to receive.
- The practice had succession planning for the future strategy and a supporting business plan which reflected the vision and values and was regularly monitored. The ethos of the partnership focused on looking at how to make things better and improve outcomes for patients. They had put in a bid for funding to extend the surgery by creating a further consulting room.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The governance framework was established and embedded and systems were apparent and observed to be working in practice. This outlined the structures and procedures and helped to ensure 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. These were reviewed and updated annually and as required.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- All staff were encouraged to attend training that supported their role and professional development, and this was on-going
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems to help 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 sharing information with all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to help 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 and staff felt supported by management.

- Staff told us the practice held regular team meetings. Formal partner meetings took place weekly, reception meetings took place quarterly and practice meetings were held as necessary. Multi-disciplinary meetings were held on a monthly basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or at any time and they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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



# Are services well-led?

Good 

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

- The practice had previously gathered feedback from patients through patient surveys and complaints received. The practice had benefited from a proactive patient participation group (PPG) who were formed in 2011 and carried out annual patient surveys, with action plans. The PPG had been unable to recruit a replacement chairperson and had therefore formed a virtual group which was initiated by four of the original members. The virtual group had 280 members.
- The practice had gathered feedback from staff through informal discussion, team meetings and appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and

engaged to improve how the practice was run. Staff told us that there was good staff retention and a low staff turnover at the practice and that their aim was to have a friendly, happy working environment.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Staff told us they were given the opportunity to develop at the practice and partners undertook training to help ensure improved outcomes for patients. The practice clinicians attended locality meetings, protected learning time for training purposes and Clinical Commissioning Group (CCG) update meetings as well as identifying self-directed areas for learning and improvement. One of the partners was a CCG board member and an appraiser and shared learning and recommendations from these roles with the practice.