

# Rowlands Castle Surgery

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Rowlands Castle Surgery on 20 April 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.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice 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:

- Ensure daily cleaning of specialist equipment checks are recorded accurately on a regular basis.
- Consider making patient information leaflets available in easy read formats.

# Summary of findings

- Ensure staff have the opportunities to share learning, ideas and improvements for the practice and have clinical meetings as relevant to their role and that these are recorded.

**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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and managed. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average. For example the percentage of patients whose blood sugar levels were in an acceptable range within the past 12 months was 86% compared to the national average of 78%.
- 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 and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### 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.

Good



# Summary of findings

- 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.

## 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. The practice attended quarterly training sessions organised by the CCG. All practices in the CCG attend to share information and learn about new updates around patient population groups, such as, mental health awareness and safeguarding training.
- 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. On the day appointments were released to patients from 5pm the previous evening. Patients could book pre-bookable appointments up to eight weeks in advance.
- 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.

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had 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. However the arrangements did not always ensure robust

Good



# Summary of findings

monitoring and improvements to quality and identify risk. For example, a lack of organised and structured staff meetings beyond the six monthly significant events and monthly multi-disciplinary team meetings.

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. 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.
- 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.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had established links with two local nursing homes. There were four other nursing homes in the local area that had some patients registered with the practice. These patients received the same care as older people living in their own homes.
- All patients over 65 received regular medicine reviews.

Good



### People with long term conditions

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.
- The percentage of patients on the diabetes register who had a foot examination and risk classification in the preceding 12 months was 92% in comparison to a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered appointments for long-term condition medical reviews at any time during opening hours rather than holding dedicated clinic times. The practice felt this provided greater flexibility of appointment times for its patients.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Pre-bookable appointments were available on alternate Monday evenings from 6.30 to 7pm and on alternate Saturday mornings from 8am to 12 noon.
- 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.

Internet consultation and telephone appointments were available if requested by patients.

**Good**



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

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

- All patients with a learning disability were offered an annual health check. The uptake of the health checks was reported to be 80%.
- The practice offered longer appointments for patients with a learning disability.
- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

**Good**



# Summary of findings

- 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).

- 85% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Performance for mental health related indicators was above or similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder or other psychoses who had a comprehensive agreed care plan documented in the preceding 12 months was 100% in comparison to a national average of 88%. The percentage of dementia patients registered at the practice who had a face to face review of their care in the past 12 months was 85% compared to the national average of 84%.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing better than local and national averages. 230 survey forms were distributed and 120 were returned which was a response rate of 52%. This represented 3% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the CCG average of 82% 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 84% and the national average of 76%.
- 92% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% 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 45 comment cards which were all positive about the standard of care received. Patients reported that the staff were caring, supportive and positive. Patients were also happy with the appointment system.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients reported that the GPs listened to their needs and explained treatment options in a way they understood. Seven patients completed the family and friends test in January 2016. Of those seven patients, six said they would be extremely likely to recommend the practice to another individual and one said they would be likely to.

## Areas for improvement

### Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure daily cleaning of specialist equipment checks are recorded accurately on a regular basis.
- Consider making patient information leaflets available in easy read formats.
- Ensure staff have the opportunities to share learning, ideas and improvements for the practice and have clinical meetings as relevant to their role and that these are recorded.

# Rowlands Castle 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, a practice nurse specialist adviser and a practice manager specialist adviser.

## Background to Rowlands Castle Surgery

Rowlands Castle Surgery is located at 12 The Green, Rowlands Castle, Hampshire, PO9 6BN. The practice is based in the small village of Rowlands Castle which is on the commuter belt for Portsmouth City. The practice provides services under a General Medical Services contract and is part of the NHS South Eastern Hampshire Clinical Commissioning Group (CCG). The practice has approximately 4000 registered patients. The practice population has a higher population of older adults compared to the national average (25% of over 65's, CCG 22%, national 17%). There is also a higher population of working aged individuals over 45. The practice is in an area of low level deprivation. The practice population is predominantly white british.

The practice has two GP partners and one salaried GP. Together the GPs provided care over 17 sessions per week. The GPs are supported by two practice nurses, who together are equivalent to just under one full time nurse. The clinical team are supported by a management team including a practice manager, secretarial and administrative staff. Rowlands Castle Surgery is a teaching practice for medical students.

The practice runs a phlebotomy clinic on a Wednesday morning. The phlebotomist is provided by Southern Health NHS Foundation Trust. Rowlands Castle Surgery also provides additional services for its patients such as bereavement counselling.

The practice reception and phone lines are open between 8am and 6.30pm Monday to Friday. Extended hours appointments are available on a pre-bookable basis on alternate Monday evenings between 6.30 and 7pm and alternate Saturday mornings from 8.30am to 12pm. Appointments are available from 8.30am daily. However, the practice operates a GP phone in clinic from 8am to 8.20am daily. The phone in clinic allows patients to speak with the GP rather than attend the practice for an appointment. Morning appointments with a GP are available between 8.30am and 11am Monday to Friday. Afternoon appointments are available from 3.30pm to 5.30pm Monday, Tuesday and Thursday. Friday afternoon appointments are available from 1pm to 5.30pm. On Wednesdays the practice is open from 3pm to 4pm for post-natal and medical checks. Rowlands Castle Surgery has opted out of providing out-of-hours services to their own patients and directs patients to the NHS 111 service.

The practice offers online facilities for booking and cancellation of appointments and for requesting repeat prescriptions.

This is Rowlands Castle Surgery's first CQC inspection.

## 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 20 April 2016. During our visit we:

- Spoke with a range of staff including, GPs, practice nurses, a practice manager and administration staff. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- 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 the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- The practice had signed up to a Clinical Commissioning Group (CCG) tool to record and share significant events between practices within the CCG. The practice used this tool to learn from other practices as well as their own.

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, a GOS18 Ophthalmic referral form (a form used by optometrists to refer patients for specialist eye treatment) was scanned onto a patient record without notifying the GP for action, resulting in a delay to the patient receiving treatment. The practice discussed the event with all reception staff to ensure they were aware of the procedure for scanning documents. As a result a new protocol was created for staff to follow and a staff member was allocated the responsibility of completing monthly spot checks on scanning.

### Overview of safety systems and processes

The practice had clearly defined and embedded 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 were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to level 2 for safeguarding children and administrative staff to level 1.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses 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 staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we observed that the practice had changed the way the mop heads were stored to ensure they remained dry. The practice ensured that all staff had been checked for immunisation against chicken pox and administered the vaccine to those that needed it following a recommendation from an infection control audit.
- Equipment was cleaned on a daily basis. We were told specific equipment such as nebulisers and ear irrigators were cleaned after use and therefore not always daily. The practice used disposable attachments for these pieces of equipment. The practice recorded on the daily cleaning checks sheet the days that the specialist equipment had been cleaned. For example, the last recorded entry for cleaning the ear syringe was

## Are services safe?

December 2015. There was no record to confirm that cleaning was not required due to non-use and therefore no mechanism to identify whether cleaning had been missed.

- 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 pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. We saw evidence that the practice recorded the serial numbers for prescription printer paper, and noted large quantity of prescription paper in one of the treatment rooms, which was reduced when pointed out.
- 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, 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 up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was

checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. The practice did not have any child size defibrillator pads. The practice told us that the visiting resuscitation trainer had informed them that these were not required.
- 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 in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had an arrangement with a neighbouring practice to assist with business continuity in the event of an emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### 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 showed the practice achieved 99% of the total number of points available. The practice had higher exception reporting on three clinical domains in comparison to Clinical Commissioning Group (CCG) and national averages (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). For example, the practice exception reporting for atrial fibrillation (an irregular heart beat) was 25% in comparison to the CCG average of 12% and a national average of 11%. For chronic kidney disease the practices exception reporting was 16% in comparison to the CCG average of 10% and national average of 8%. Evidence provided by the practice which had not been verified, showed that their most recent exception reporting percentage for atrial fibrillation was currently 1-2% rather than 25%. The practice stated that their exception reporting percentage did not accurately reflect what the practice was doing for these patients. For example the practice told us that as a small practice (just over 4,000 patients) they had very few patients listed for some clinical domains and therefore when a single patient is exempted it significantly impacted the overall reporting percentage.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was above the national average. For example the percentage of patients whose blood sugar levels were in an acceptable range within the past 12 months was 86% compared to the CCG average of 79% and the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, 85% of patients with dementia had a face to face review of their care within the past 12 months compared to the CCG average of 83% and the national average of 84%.

The practice prescribed a lower number of Non-Steroidal Anti Inflammatory drugs (NSAIDs) in comparison to the national average (61% compared to the national average of 77%) (NSAIDs are medicines widely used to relieve pain, reduce inflammation or bring down a fever and are associated with an increased risk of bleeding and cardiovascular risk in some patient groups). The practice told us they rarely prescribed NSAID as a result of guidance and training from the CCG.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years. Three of 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. The practice was rated as a level two research practice by the Primary Care Research Network and participated in over five research projects last year.
- Findings were used by the practice to improve services. For example, the practice used a piece of software in conjunction with their existing electronic patient records system to search and help identify patients who were identified as high risk for certain conditions, such as diabetes. The software categorised patients by red, amber and green alerts. Red flag alerts were for patients most likely to be high risk based upon a set of criteria. The software also helped identify patients who currently did not have an alert in place on their electronic recording system. Following two six monthly reviews of the tool, the practice felt that the software had become sensitive enough to support the practice to identify and

# Are services effective?

## (for example, treatment is effective)

monitor potential at risk patients and increase patient outcomes. For example, the tool identified a patient with poor renal function who was also on alendronic acid tablets (prescribed a medicine commonly used to treat osteoporosis a disease which makes your bones brittle). The software identified that this patient needed to be coded as a red flag as the medicine could have an adverse effect on the patients' health. The patient was subsequently contacted by the GP to discuss changing their medicine.

Information about patients' outcomes was used to make improvement. For example, the practice monitored results of diabetic indicators collected by the practice (such as cholesterol and blood sugar levels) and generated monthly progress reports on these findings which allowed additional support and education to be provided to patients where required. The practice identified that patients' blood sugar levels were becoming more in line with acceptable ranges and that patients cholesterol levels were improving.

### 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, for those reviewing patients with long-term conditions. The practice nurses had telephone access to the community specialist diabetic team for supervision and support particularly around insulin dependent diabetics.
- 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. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

### Consent to care and treatment

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

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

# Are services effective?

(for example, treatment is effective)

## 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 were signposted to the relevant service.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81% which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 70% of females aged 60 to 70 were screened for

breast cancer within six months of invitation (CCG average 70%, national 73%). The practice had an above average percentage of 60 to 69 year olds who attended bowel cancer screening within six months of invitation (63%, CCG 60%, national 55%). There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 60% to 100% in comparison to a CCG average of 50% to 98% and five year olds from 86% to 100% in comparison to a CCG average of 94% to 99%.

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 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.
- There was a key-coded lock on the door from the waiting room into the treatment areas. This prevented unauthorised access to treatment areas. Patients were called for their appointment by the GP or nurse and then escorted to the treatment room.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The waiting room was small and located next to the reception area. There was no background noise to prevent people being overheard at reception. However, the reception staff had been trained on how to maintain privacy and confidentiality at the reception desk. We observed reception staff giving information in a confidential manner.

All of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 97% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

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 better than or in line with local and national averages. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. The demographic of the area meant that the ethnicity is largely White British individuals.
- The practice had lots of information leaflets however none were observed to be 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 49 patients as

carers (just over 1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also provided a link via their website to the carers information page on NHS choices. We observed a leaflet on the noticeboard in the waiting room which informed patients about the practices desire to identify more carers and for patients to request a carer referral pack from reception if appropriate.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. One of the practice nurses had bereavement counselling training provided by the local hospice, and offered this service to bereaved patients.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice attended quarterly training sessions organised by the CCG. All practices in the CCG attend to share information and learn about new updates, such as mental health awareness and safeguarding training.

- There were longer appointments available for patients with a learning disability.
- Extended practice hours were available on Mondays from 6.30pm to 7pm and alternate Saturday mornings to accommodate for working age individuals.
- 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 vaccines available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- As a result of the 2014 survey, patients requested for on the day appointments to be made available the day before. The practice implemented this last year with appointments being released at 5pm the day before. These could be booked by the telephone or online systems.
- Internet consultation and telephone appointments were available if requested by patients.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am until 11.30am every morning and from 3.30pm to 5.30pm Monday, Tuesday and Thursday. Appointments on Friday were available from 1pm to 5.30pm. Wednesday afternoon from 3pm until 4pm was a clinic for post-natal and medical checks. Extended hours appointments were offered at the following times from 6.30pm to 7pm on alternate Mondays and from 8.30am until 12pm on alternative Saturdays. There was also a GP phone-in clinic from 8am to 8.20am

each weekday morning whereby patients could choose to phone in and discuss issues with the GP rather than book an appointment at the practice. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 90% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 90% of patients said they could get through easily to the practice by phone compared to 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.

### 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. For example, the practice had a poster displayed which summarised the complaints policy and provided contact numbers of both the practice manager and external agencies.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. Patients had been written to or contacted by telephone and offered information on how to take their complaint(s) further. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient complained about their symptoms worsening and blamed this on a lack of care by the practice. The practice subsequently identified issues in regard of repeat prescriptions. The GP completed a full summary of care received to discuss with the patient and to ease their concerns. However, the patient was still not happy and left the practice. As a result of the complaint

## Are services responsive to people's needs? (for example, to feedback?)

the practice identified a learning point and sent a note to all staff to check that patients had been taking their medicines appropriately each time a prescription was

issued. The practice was also able to learn from complaints made by patients at other GP practices within the Clinical Commissioning Group (CCG) by accessing a CCG wide reporting system.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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.
- 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 in place to ensure compliance with the requirements of the duty of candour (the duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The 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.

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

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

- Staff told us the practice did not hold regular whole practice staff meetings. They explained that they met informally on a daily basis (either as a team or one to one) to discuss matters and arranged formal meetings if an issue arose. If the nursing staff wanted a meeting they would submit an agenda to the practice manager or GP partners and a meeting date would be arranged with the meeting minuted, nursing staff also had access to nurse forum meetings. Relevant staff at the practice met every six months to discuss significant events in detail. Administrative staff attended quarterly Clinical Commissioning Group led meetings and met back at the practice afterwards to discuss issues more formally as needed. GPs attended the monthly multi-disciplinary team meeting with the local community nurses. The practice rationalised the lack of formal meetings by stating that they felt as a small team size they were able to discuss and action issues more quickly at informal daily meetings rather than wait for a diarised formal meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, 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

# Are services well-led?

Good 

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

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), virtual patient representation group, and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, patients requested more health education information to be available via the website. The practice redesigned its website to incorporate links to further health education resources such as NHS choices.
- The practice had gathered feedback from staff through some staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example, a staff member raised the issue that administration staff never meet across shifts for support and that this would be beneficial. As a result the practice implemented a handover period between shifts whereby administration staff had the chance to discuss what had happened that shift and what still needed to be completed. 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 team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice hoped to develop formal patient education evenings around health promotion and managing long term conditions.