

# Fountain Medical Centre

## 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 Fountain Medical Centre on 11 November 2015. Overall the practice is rated as good.

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

- The practice had arrangements in place to deal with information about safety. Staff were aware of their responsibility to report incidents and concerns and knew how to do this. Information relating to safety was documented, monitored and reviewed.
- Risks to patients and staff were assessed and well managed
- Staff used best practice guidance to assess patients' needs and plan their care.
- The practice ensured all staff had received relevant role specific training and further training needs were identified for staff through appraisal

- Patients told us that staff treated them with compassion, dignity and respect and involved them in decisions about their care
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was generally 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.
- There were effective systems of governance in place and evidence of strategic planning for the future.

### 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 were effective systems in place for reporting and recording significant events. Learning from significant events was shared widely within the practice and this was recorded in meetings minutes. Reviews of significant events were undertaken on a quarterly basis.
- Where people were affected by safety incidents, the practice demonstrated an open and transparent approach to investigating these. Apologies were offered where appropriate.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse. Designated GPs were responsible for safeguarding and they had regular meetings with attached health professionals to discuss patients at risk.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated improvement. For example, an audit related to asthma in young children had demonstrated improvement management of these patients.
- Data showed patient outcomes were at or above average for the locality. For example, the practice had the lowest rate of weighted referrals for elective treatment for the CCG area in addition to the lowest number of emergency admissions.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. We saw that a number of clinical staff had additional qualifications and special interests.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. The practice held monthly multidisciplinary team meetings and worked closely with a range of health professionals.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice higher than others for several of aspects of care. For example, 99% of patients had confidence and trust in the last GP they saw or spoke to.
- Patients told us they were treated with care and concern by staff and that their privacy and dignity was respected. Feedback from comments cards aligned with these views.
- The practice provided information for patients which was accessible and easy to understand.
- We observed that staff treated patients with kindness and respect, and maintained 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 to secure improvements to services where these were identified. For example the practice had submitted a proposal to NHS England for improved premises.
- The practice had good facilities and was well equipped to treat patients and meet their needs; however the practice did not have a hearing loop in their reception area. (Hearing loops help people who are deaf or hard of hearing pick up sounds more clearly)
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders including the patient participation group (PPG).
- Patients said they generally found it easy to make an appointment and that there was continuity of care, with urgent appointments available the same day.

Good



## Are services well-led?

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

- The practice had a clear vision to deliver high quality care. Information about the practice aims were shared with patients in their mission statement which was displayed in the practice. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.
- The practice had a wide range of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- The partners encouraged a culture of openness and honesty and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to review issues including appointment access and parking.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice was a teaching practice for medical students in addition to being a training practice.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked effectively with the multi-disciplinary team to identify patients at risk of admission to hospital and to ensure their needs were met. Multidisciplinary meetings were held at the practice on a monthly basis.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 79.3% which was above the national average of 73.2%. Flu clinics were supported by the practice's patient participation group (PPG).

Good



### People with long term conditions

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

- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients identified as being at risk of admission to hospital were discussed at monthly multidisciplinary meetings.
- Indicators to measure the impact of the management of diabetes were higher than local and national averages. For example, the percentage of patients on the practice register for diabetes with a record of a foot examination and risk classification in the last 12 months was 93.0%. This was marginally above the local and national averages.
- Longer appointments and home visits were available for patients who required these.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

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. The practice held regular meetings with attached professionals to discuss children identified as being at risk.
- 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 78% which was comparable to the national average of 74.3%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Urgent appointments were always available on the day.
- We saw good examples of joint working with midwives, health visitors and school nurses.
- Two female GPs provided a service to fit coils and contraceptive implants. In addition a practice nurse was undertaking the family planning course.

## **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. This included access to appointments including telephone consultations.
- The practice was proactive in offering online services and all GP appointments were offered through the online booking system
- Health promotion and screening was provided that reflected the needs for this age group.
- Extended hours consultations were offered on Monday mornings and Saturday mornings to facilitate access for patients in this group.

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.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



# Summary of findings

- It offered longer appointments for people with a learning disability in addition to offering other reasonable adjustments.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice told 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. They 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).

- Data showed that 77.4% of patients with a mental health condition had a comprehensive care plan documented in their records in the previous 12 months which was similar to the CCG average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- It 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.
- It 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 people with mental health needs and dementia. All staff and members of the patient participation group (PPG) had undergone training to become 'Dementia Friends' and the PPG had worked with the practice to ensure it was dementia friendly.

**Good**



# Summary of findings

## What people who use the service say

We reviewed the results of the national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. A total of 256 survey forms were distributed and 116 were returned.

Patients responded positively about the practice in most areas:

- 99% of respondents had confidence and trust in the last GP they saw or spoke to compared with the CCG average of 95% and the national average of 95%
- 71% of respondents usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%
- 40% found it easy to get through to this surgery by phone compared to a CCG average of 66% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.

- 81% described the overall experience of their GP surgery as good compared to a CCG average of 83% and a national average of 85%.
- 74% said they would recommend their GP surgery to someone new to the area compared to a CCG average of 77% and a national average 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 31 completed comment cards which were positive about the standard of care received. Patients said they found practice staff friendly and helpful and that they felt listened to. Patients said they were treated with compassion, dignity and respect.

We spoke with four patients and two members of the patient participation group (PPG) during the inspection. All of the patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Fountain Medical Centre

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice manager specialist adviser.

## Background to Fountain Medical Centre

Fountain Medical Centre is located in Newark-on-Trent, a market town in Nottinghamshire. The town stands on the River Trent, the A1 and is served by the East Coast Main Line railway.

Services are provided from purpose built premises located in the town centre. The current premises have been occupied by the practice since 1986. The practice has facilities for disabled patients, baby changing facilities and limited car parking.

The practice provides primary medical services to 14109 patients under a General Medical Services (GMS) contract. The level of deprivation affecting the practice population is slightly below the national average. Income deprivation affecting children and older people is also slightly below the national average.

The clinical team comprises five GP partners, one salaried GP, a nurse practitioner, four practice nurses and two health care assistants. The clinical team is supported by a full time practice manager, an office manager and a range of reception and administrative staff.

The practice is open from 8am to 6.30pm Monday to Friday with the reception open from 8.15am. The practice closes each Friday between 12.45pm and 2pm for clinical

meetings (though the telephone lines remain open and staffed). Consultation times are from 8.15am to 6.30pm although the website states that these surgery hours may vary. Extended hours surgeries are offered on Monday mornings from 6.30am to 8am and on Saturday mornings from 8am to 12pm for pre-booked appointments.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS).

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

Before our inspection, 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 11 November 2015. During our visit we:

# Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and 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

The practice had systems and processes in place to enable staff to report and record incidents and significant events effectively.

- Staff told us they would inform the practice manager or one of the GP partners of any incidents. In addition there was a recording template available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events which were discussed at weekly meetings. In addition a detailed review was carried out on a quarterly basis.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that appropriate action was taken following an incident which concerned prescription requests not being securely passed to the prescription clerk. Additionally the practice had processes in place to review and share any medicines or patient safety alerts received. Staff told us that these were received by the practice manager and shared with other members of the staff team as required. We saw that copies of alerts received and actioned were kept on file.

Documentation showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies were appropriate.

### Overview of safety systems and processes

We saw that the practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included:

- Arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There were lead GPs responsible for safeguarding within the practice and staff were aware of who these were. The practice had policies and procedures in place to support staff to fulfil their roles and these outlined who to contact for further guidance if staff had concerns about patient welfare.

Staff had received training relevant to their role and GPs were trained to Level 3. Staff we spoke with were able to give examples of action they had taken in response to concerns they had regarding patient welfare.

- Information was displayed in the waiting area, on the website and in the patient handbook which 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 check (DBS check). (DBS)
- Arrangements were in place to ensure appropriate standards of cleanliness and hygiene were maintained. The practice had a practice nurse as a temporary infection control clinical lead due to ongoing staffing changes within the nursing team. The practice told us they planned to assign the infection control lead position permanently following the completion of their current recruitment. We saw that staff had completed infection control training in July 2015. Regular infection control audits were undertaken. We saw that the most recent audit had been undertaken in October 2015 following an earlier one in January 2015; actions identified as being required were recorded and marked as complete appropriately.
- Arrangements for managing medicines, including vaccinations and emergency drugs ensured that patients were kept safe. Regular medicines audits were undertaken with the support of the CCG pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were stored securely and processes were in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed four personnel files and found

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures in place to monitor and manage risks to patient and staff safety. There was a health and safety policy available which was accessible

## Are services safe?

to all staff electronically and within a folder in the practice manager's office. There was a poster in the staff area displaying health and safety information. The practice had commissioned an external provider to undertake a fire risk assessment 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 legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place to plan and monitor staffing levels needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty. Each staffing groups had agreements about the number of staff who could be on leave at the same time to ensure service provision was not adversely affected.

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

The practice had 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.
- Basic life support training was delivered annually 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. There was also a first aid kit and accident book 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 fit for use.
- The practice had a comprehensive business continuity plan in place which had been recently updated. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs. We saw that these were regularly discussed and staff told us they ensured they kept up to date with new guidelines through training, discussion and clinical supervision.
- The practice ensured that these guidelines were being met through regular clinical discussion, audit and 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 recently published results showed that the practice had achieved 97.9% of the total number of points available, with an exception reporting rate of 15.8%. (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). This practice was not an outlier for any QOF (or other national) clinical targets.

Data from 2014/15 showed;

- Performance for diabetes related indicators was 100% which was above the CCG average of 88.8% and the national average of 89.8%. However, the practice had a higher rate of exception reporting for nine of the 10 indicators related to diabetes.
- The percentage of patients with hypertension having regular blood pressure tests was 90.1% which was similar to the CCG average of 84.9% and the national average of 83.6%

- Performance for mental health related indicators was 84.6% which was below the CCG average of 91.5% and the national average of 92.8%. However, the exception reporting rate was above the national average for four of the six mental health related indicators.

The practice demonstrated a clear understanding of their QOF performance. Although the practice's exception reporting rate was above the national and CCG average, it was comparable to other practices in the local area with a similar demographic. The practice had audited their exception reporting to ensure that exceptions made were appropriate and justifiable. Audits showed that whilst the headline exception rate was above average, the practice rate for some indicators was below average. Audits demonstrated that the majority of patients were excepted, in line with guidance, for failing to respond. In 2014/15 patients failing to respond accounted for 79% of the practice's total exceptions. We saw that the practice had a robust system for recalls ensuring that there was a minimum of three attempts to invite patients for consultation, including telephoning patients where appropriate. The remaining patients had been excepted due to clinical unsuitability.

Clinical audits demonstrated quality improvement within the practice:

- The practice provided us with copies of nine audits undertaken within the last three years. These included medicines audits and audits of minor surgery procedures. We reviewed two completed audits where the improvements made were implemented and monitored. For example, the practice had conducted an asthma audit which focussed on children under the age of five. Re-audit demonstrated that the actions taken had led to improved rates of recall and structured, along with patient education, for this group.
- The practice told us they planned to dedicate more time to ensuring clinical audits were planned for and undertaken with increased diligence.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were reviewed by the practice and used to inform service provision. For example, we saw that there had been recorded discussions and reviews regarding referral rates in response to data provided by the CCG which demonstrated that the practice had the lowest

# Are services effective?

## (for example, treatment is effective)

weighted referral rate in the area. The practice considered that this low rate was due to daily peer review sessions and peer challenge amongst GPs. Evidence also demonstrated that the practice had the lowest rate in the CCG area for emergency admissions.

### Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We reviewed completed copies of induction plans on staff files.
- The practice kept training records for each individual member of staff and all information was collated onto a staff training matrix. Records demonstrated that staff received relevant role-specific training, for example, for those reviewing patient with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening had received specific training which had included an assessment of competence.
- Learning needs of staff were identified through annual appraisals, meetings and wider reviews of practice development needs. Staff had access to a range of training which was appropriate to meet the needs of their role. In addition to formal training sessions support was provided through regular meetings, appraisals, mentoring and clinical supervision. We saw evidence to demonstrate that training needs of staff had been identified and planned for through the appraisal system. All staff had had an appraisal within the last 12 months.
- Staff received training considered by the practice to be mandatory which included: safeguarding children and adults, fire training and information governance. Staff had access to and made use of external, CCG facilitated and in-house training.

### Coordinating patient care and information sharing

Information required to plan and deliver care was easily accessible to relevant members of staff. Information was accessed through the practice's electronic patient record system and via a shared computer system.

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

We saw that staff worked with other health and social care professionals to meet the needs of their patients and to assess and plan care and treatment. Multidisciplinary team meetings were held monthly and were attended by a range of health and social care professionals including GPs, social workers and district nurses. We saw that care plans were routinely reviewed and updated and evidence of effective communication with the multidisciplinary 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.
- 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, where appropriate, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted or referred to the relevant service.
- Counselling and cognitive therapy (via referral) was available on the premises in addition to smoking cessation support and teenage services.

## Are services effective? (for example, treatment is effective)

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 78.4% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and uptake rates were in line with local and national averages.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95.4% to 97.3% and five year olds from 89.7% to 97.9%.

Flu vaccination rates for the over 65's were 79.3%, and at risk groups 45%. These were comparable to the national averages of 73.2% and 48.8% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

New patients were provided with a comprehensive information pack which included a practice leaflet, background medical history questionnaire and an alcohol screening questionnaire.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw that staff treated patients with dignity and respect and behaved in a kind and caring manner. Staff were helpful to patients on the telephone and to those attending the practice. For example, we saw that one member of the reception team offered to arrange for a taxi to collect a patient following their appointment.

Measures were in place to ensure that patients felt at ease within the practice:

- Curtains were provided in treatment and consultation rooms to maintain patients' privacy and dignity during examinations and treatments.
- Consultation room doors were kept closed during consultations and locked during sensitive examinations. Conversations taking place in consultation rooms could not be overheard.
- Reception staff offered to speak with patients privately away from the reception area if they wished to discuss sensitive issues or appeared distressed

Thirty of the 31 completed patient Care Quality Commission comment cards we received were positive about the service experienced. One comment was neutral. Patients highlighted the friendly and caring staff at the practice and singled out individual clinicians for praise. Patients felt they were treated with compassion, dignity and respect.

We spoke with four patients and two members 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.

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

- 88% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.

- 79% said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average 95%.
- 82% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and the national average of 85%.
- 91% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%.

Satisfaction scores for interactions with reception staff were in line with the CCG and national averages:

- 84% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

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

Patients told us that they felt involved in decision making about the care and treatment they received. In addition patients said they felt listened to and a number highlighted that they did not feel rushed during consultations which ensured they had sufficient time to make informed decisions about treatment. Patient feedback on the comment cards we received was 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 similar to local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 81%.
- 90% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and national average of 90%.

## Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language; foreign language signs were displayed around the practice in the waiting area and in consulting rooms.

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, there was information related to carers, dementia and mental health.

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them if this was considered appropriate. 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.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example the practice GPs led the establishment and clinical management of GP-led beds at a local hospital. This unit offered older patients short periods of recuperation before they were ready to return home. The practice told us they were working to help shift care out of the hospital setting.

The practice had systems in place to meet the needs of its population groups:

- The practice offered extended hours sessions on a Monday morning and a Saturday morning
- There were longer appointments available for patients who needed them.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Consultation rooms were available on the ground floor of the practice and dedicated disabled parking spaces were available.
- The practice offered a 'free-bleed' clinic meaning there was no need for patients to wait for phlebotomy services.
- A minor injuries service was provided at the practice
- The practice had applied for approval from NHS England to move to new premises and was awaiting approval of its proposal.

We saw that there were disabled facilities and the premises had a ramp to facilitate access for patients using a wheelchair. However, there was no hearing loop available in the reception area and there was no lowered section of the reception desk to enable patients using wheelchairs to speak to staff over the counter. (Hearing loops help people who are deaf or hard of hearing pick up sounds more clearly)

### Access to the service

The practice was open from 8am to 6pm Monday to Friday with the reception open from 8.15am. The practice was closed each Friday between 12.45pm and 2pm for clinical

meetings but patients could still contact the practice by telephone. Consultation times were from 8.15am to 6.30pm although the practice website stated that these surgery hours may vary. Extended hours surgeries were offered on Monday mornings from 6.30am to 8am and on Saturday mornings from 8am to 12pm for pre-booked appointments. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were 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 slightly below local and national averages for some indicators and comparable for other. For example:

- 62% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%.
- 40% of patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and the national average of 73%.
- 90% of patients said they were able to get an appointment to see or speak to someone last time they tried compared to the CCG average of 85% and the national average of 85%.
- 65% of patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%.
- 71% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 65% and the national average 65%.

The practice told us they were aware of issues regarding telephone access to the service following patient survey results and questions raised by the patient participation group (PPG). In response to this they had undertaken detailed analysis of workloads, peak telephone call times and call waiting times. This information was being used to plan staffing. Additionally the practice had installed a new telephone system but recognised that there were still improvements to be made.

Patients we spoke with told us they were able to get appointments when they needed them and this aligned with views expressed in the completed comments cards.

### Listening and learning from concerns and complaints

We saw that the practice had systems in place to effectively manage complaints and concerns.

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

- The practice's 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.
- Leaflets for patients wishing to make a complaint about the practice were available from the reception staff and information about making a complaint was displayed in the main corridor and waiting area.

We looked at the 23 complaints and concerns received since the start of 2015 and found that these were dealt with in a timely and transparent manner. Learning from complaints was identified and shared. For example, a complaint about the attitude of a GP was reviewed and reflected upon and appropriate apologies offered. The practice ensured that complaints made verbally, in writing or via the website were recorded and reviewed to ensure trends could be identified.

# 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 clear aims and objectives which were outlined in their statement of purpose and available on their website.
- A practice mission statement was displayed in the waiting area of the practice
- The partners held quarterly strategy meetings and had developed a new five year strategy. The five year strategy identified 11 strategic intentions for the practice.

### Governance arrangements

The practice had effective governance systems in place which supported the delivery of good quality care. These outlined the structures and procedures in place within the practice and ensured that:

- The practice had a clear staffing structure and staff were aware of their roles and responsibilities. GP partners had lead roles in clinical and management areas.
- A wide range of practice specific policies were easily accessible to staff as hard copies and on the practice's computer system. The practice had effective systems in place to ensure that policies and procedures were regularly reviewed and updated.
- There was a demonstrated understanding of the performance of the practice and evidence that information about performance was used to inform future planning.
- Arrangements were in place to identify, record and manage risks and ensure mitigating actions were implemented.

### Leadership, openness and transparency

The partners within the practice had a wide range of experience and demonstrated that they had the capacity to run the practice to ensure high quality care. For example, we saw that GPs had special interests and additional qualifications in a range of areas. For example in

contraception, minor surgery and palliative care. The partners were visible within the practice and staff told us they were approachable and listened to all members of the practice staff team.

We saw that the practice partners were involved in the development of primary care within the wider locality. Four of the practice partners held leadership roles within the local CCG and across the county. For example:

- One partner was the clinical chair of the CCG and had been involved in leading work on new models of integrated care locally. In addition they represented the CCG on the county Health and Wellbeing Board.
- A further partner was a member of the CCG governing body and was the CCG named doctor for safeguarding involved in serious case reviews.
- The role of CCG urgent care clinical lead was fulfilled by one of the partners within the practice. They had led work reconfigure the local minor injuries unit and the creation of the local emergency care practitioner role. They were also a doctor on the air ambulance.

When there were unexpected or unintended safety incidents:

- The practice offered affected people support, provided clear and truthful information and verbal or written apologies where appropriate.
- They kept written records of verbal interactions as well as written correspondence.

We saw that there was a clear leadership structure in place and staff felt supported by management. Staff told us there was an open culture within the practice and that they had the opportunity to raise issues at regular meetings.

Feedback from staff told us that that they felt valued and supported by the partners and the management within the practice. Staff were able to identify opportunities for improvements to the delivery of service. The practice had a stable workforce with a low staff turnover.

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had raised issues regarding the car parking for disabled people. As a result the car parking was altered to allow dedicated disabled parking.
- The practice gathered feedback from staff through meetings, appraisals and ongoing discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us they were regularly asked for ideas for educational sessions by one of the GP partners. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team were forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example:

- The practice GPs led the establishment and clinical management of GP-led beds at a local hospital. This unit offered older patients short periods of recuperation before they were ready to return home.
- The practice was accredited to train F2 doctors as well as provide teaching to medical students. (F2 doctors are qualified doctors undertaking the foundation programme, a two year general postgraduate medical training programme) They were planning to become a training practice for GP registrars.
- One of the GP partners was involved with leading work in the local area with two local CCGs to improve the integration of health and social care services.