

# Dr M Hargreaves & Dr P Thakrar

## 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

<b>Overall rating for this service</b>	<b>Good</b> 
Are services safe?	<b>Requires improvement</b> 
Are services effective?	<b>Good</b> 
Are services caring?	<b>Outstanding</b> 
Are services responsive to people's needs?	<b>Good</b> 
Are services well-led?	<b>Good</b> 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr M Hargreaves and Dr P Thakrar on 22nd March 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 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.
- Patients said they found it easy to make an appointment with a named GP and that 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, apart from the availability of a defibrillator and a risk assessment for this.
- 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.
- Some staff were trained in child safeguarding to a higher level than required, including nurses to level 3. The practice manager had attended training at level 5 (managing staff who safeguard children).

# Summary of findings

We found areas of outstanding practice:

- Feedback from patients who use the service was continually positive with a strong visible patient centred culture.
- The practice delivered additional support for socially isolated older patients, for example, the practice telephoned socially isolated patients on Christmas day to provide support.
- The practice had implemented a local policy to ensure that patients received phone call support following bereavement at one, three, six and 12 months afterwards.

The areas where the provider must make improvement are:

- Review the arrangements for emergency care at the practice and consider purchasing a defibrillator or complete a risk assessment.

The areas where the provider should make improvement are:

- Ensure the staff at the practice undertake regular fire drills.
- Ensure prescriptions are tracked and managed safely in the practice, including when held in GPs own bags.
- Review the systems for tracking samples sent from the practice for testing to ensure that results are tracked and reported in a timely manner.
- Review the systems in place for clinical coding to make sure it accurately reflects care given to patients with specific medical condition and national guidelines.

**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 Requires Improvement for providing safe services.

- Although risks to patients who used services were assessed, the systems and processes to address these risks were not implemented well enough to ensure patients were kept safe, for example, the practice system for monitoring prescription pads held in GPs own bags. In addition, the practice system for tracking samples sent for testing was found to be in need of review to enable tracking and reporting to be timely.
- There was an effective system in place for reporting, discussing and the recording of significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had some clearly defined and embedded systems, however, not all processes and practices were embedded to keep patients safe and safeguarded from abuse. For example, the practice had no fire drills and had not risk assessed the need for emergency equipment such as a defibrillator.

Requires improvement



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework 2014/2015 showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as outstanding for providing caring services.

Outstanding



# Summary of findings

We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, they telephoned socially isolated patients during times when the practice was closed in order to offer support.

The practice nurses had implemented a system whereby they telephone every patient discharged from hospital to check their social support system and medicine requirements.

- Data from the National GP Patient Survey dated July 2015 showed patients had rated the practice higher than others for several aspects of care. Feedback from patients about their care and treatment was consistently positive.
- Survey data showed 95% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. We received 66 cards on the day of the inspection supporting this.
- 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 South East Hampshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice received a summary report from the CCG incident reporting system to help them identify themes for improvement across the wider health and social care system.
- 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



# Summary of findings

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staffs were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management.
- Practice specific policies were implemented and were available to all staff and were, held on paper and computer. However, the management of risks were not always checked. Examples of risks not being appropriately managed included the security of prescriptions issued for GPs held in their personal bags, the frequency of fire drills and the monitoring of clinical coding to identify and resolve errors.
- 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 knowing about 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 focus on continuous learning and improvement at all levels.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population. Specifically, the practice provided a year of support phone calls for patients who had suffered bereavement.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Home visits were made to those older patients who did not attend for routine regular appointments. This ensured that patients had access to emergency care
- Patients who were identified as without family or were socially isolated received a phone call on Christmas day to provide social support by staff.

Good



### People with long term conditions

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

The practice is rated as good for the care of patients 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. Care-plans were written with patients who had been identified as being of risk in order to support this and to ensure their wishes were known and recorded...
- Diabetes data for the practice was above or in line with national indicators.

The percentage of patients with a diagnosis of diabetes, on the practices register, whose latest blood pressure reading was at an acceptable level was 91%. This is higher than the Clinical Commissioning Group average of 80% and the NHS England average of 79%.

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- All patients with a diagnosed long term condition 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.

Nurses at the practice had devised and implemented a template to support patients to take their medicines; this was known as the pill card. This acted as a prompt to support patients to take the correct medicine at the correct time of day, allowing patients to keep their own record.

## Families, children and young people

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

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

- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- A total of 80 % of patients diagnosed with asthma, on the register, who had had an asthma review in the last 12 months this was above the national average of 75% and above the CCG average of 71%.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Cervical screening data was 82% of eligible women had been screened this is above the national average of 74% and above the CCG 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.

The practice had trained all GPs and nursing staff to level 3 safeguarding children

Good



# Summary of findings

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

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

The practice is rated as good for the care of working-age patients (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. For example, the Saturday clinic and early morning openings were aimed at working age patients.
- 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.

Good



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

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams 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.
- The practice had a policy of telephoning patients who had recently been discharged from hospital, to reassure them and to monitor their needs.

Good



# Summary of findings

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

The provider was rated as outstanding for caring and good for responsive, effective and well-led and requires improvement for safe. The issues identified as outstanding affected all patients including this population group.

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

- A total of 94 % of patients diagnosed with dementia that had had their care reviewed in a face to face meeting in the last 12 months, this was higher than the national average of 84%.
- 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.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published on December 2015. The results showed the practice was performing in line with local and national averages. A total of 233 survey forms were distributed and 133 were returned. This represented 3% of the practice's patient list.

- 100% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 82% and a national average of 73%.
- 99% 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 76% and national average of 76%.
- 96% of patients described the overall experience of their GP practice as fairly good or very good compared to the CCG average of 88% and national average of 85%.

- 96% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area compared to the CCG average of 83% and national average of 80%.

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 66 comment cards which were all positive about the standard of care received...

We spoke with 11 patients during the inspection. All 11 patients said they were happy with the care they received and thought staffs were approachable, committed and caring.

## Areas for improvement

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

- Review the arrangements for emergency care at the practice and consider purchasing a defibrillator or complete a risk assessment.

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

- Ensure the staff at the practice undertake regular fire drills.

- Ensure prescriptions are tracked and managed safely in the practice, including when held in GPs own bags.
- Review the systems for tracking samples sent from the practice for testing to ensure that results are tracked and reported in a timely manner.
- Review the systems in place for clinical coding to make sure it accurately reflects care given to patients with specific medical condition and national guidelines.

## Outstanding practice

- Feedback from patients who use the service was continually positive with a strong visible patient centred culture.
- The practice delivered additional support for socially isolated older patients, for example, the practice telephoned socially isolated patients on Christmas day to provide support.

- The practice had implemented a local policy to ensure that patients received phone call support following bereavement at one, three, six and 12 months afterwards.

# Dr M Hargreaves & Dr P Thakrar

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector. The team included a GP specialist adviser, a practice nurse specialist adviser, a practice manager specialist adviser and an Expert by Experience.

### Background to Dr M Hargreaves & Dr P Thakrar

Dr M Hargreaves and Dr P Thakrar are also known as Village Practice. It is a general practice providing primary medical services under a General Medical Services (GMS) contract to people of Cowplain and Waterlooville. (GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The practice is situated close to bus links on a busy road into Waterlooville, on the edge of Cowplain village.

The practice provides services from a converted house, there are two consulting rooms, two treatment rooms and office space on the premises.

There is a car park at the front, with two disabled car parking spaces. A ramp is available for patients with limited mobility to enable them to access the building. The door can be seen by reception staff who are able to offer assistance if needed.

There are two GP partners, who are both male who provide between them 18 sessions per week.

The practice team includes two practice nurses, one of whom is a prescribing nurse practitioner for minor illness. The total nursing staff are equivalent to 1.2 whole time nurses.

The administrative team comprises one practice manager, a secretary, a clinical co-ordinator, and 7 reception staff. One receptionist has a dual role as a healthcare assistant.

The practice operates a personal list system. This means that the GP with whom patients are registered is the GP the patient will usually see. The GP manages and coordinates all their care and are able to know the patients' social circumstances by developing a long standing relationship.

The practice is open between 8am and 6.30pm Monday to Friday. First appointments are 8am or 8.40am until 12noon. Then GP clinics recommence at 3pm. Patients requiring medical support between these times are advised to attend the surgery, where GPs cover each other during home visits.

Extended practice hours are offered at the following times: on alternate Tuesday and Thursday mornings from 7.10am to 08.00am and Wednesday evenings from 6.30pm to 8pm.

Additionally, once a month the practice provides a Saturday morning surgery from 9.00am to 11.30am. These are for routine pre-booked appointments.

# Detailed findings

The practice has opted out of providing out of hours service. When closed, the practice requests that patients contact the out of hours GP via the NHS 111 service. This is advertised on the patient noticeboard in reception and the patient leaflet and practice website.

The practice has a much higher population of people over 60, than the Clinical Commissioning Group and national average and there are a higher number of female patients in this age group. There is a low rate of deprivation in this practice population area.

We inspected the only location:

133 London Road

Waterlooville

Hampshire

PO8 8XL

The practice population is in one of the least deprived areas of the country with a higher percentage of patients over 65 years of age and a low ethnic mix of patients, the majority identify as white British.

Dr M Hargreaves & Dr P Thakrar was not inspected previously.

## 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 visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 March 2016. During our visit we:

- Spoke with a range of staff which included GP partners, nurses, administration and reception 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission 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 practice carried out a thorough analysis of the significant events using a combination of informal team discussion, informal practice meetings and the use of a formal clinical commissioning group (CCG) monitoring tool called Quasar.
- Quasar is the system that allows the practice to send significant incident reports to the CCG in order to share learning throughout the local healthcare system.

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, the practice reviewed two examples of delays to hospital appointments using the two week referral system for suspected cancers. One example showed that requests for further tests had created a delay in referral. Patients were unaware of any delay but the practice felt they could improve their methods for referral. Learning was shared between the two GPs and practice manager and a new system was created. The practice team agreed to add a task to the computer system to reduce any delay, this acted as a prompt.

There was no defined follow-up process for samples that were sent to the laboratory. For example, to check the results within a certain time. This was highlighted at the time of inspection and the practice decided to write a new protocol and this was forwarded to us within 24 hours.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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 that reflected relevant legislation and local requirements and 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 relevant to their role. GPs and practice nurses were trained to Safeguarding level three for children. We found the practice manager attended training for safeguarding children level five, which was aimed at staff who managed a team that have a responsibility for safeguarding children. This represents a practice wide commitment to vulnerable patients. The impact on patients was staff are able to use their practice manager as a resource to support decision making. It made child safeguarding a readily discussed topic within the practice.
- 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 check (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, apart from the accessible toilet where the fold down handle appeared rusty. There was a programme for refurbishment which included this.
- A practice nurse 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 in infection control. For example, staff undertook a quiz to ascertain their understanding and this led the practice nurse to deliver updates using a booklet reference tool.
- Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. Improvements made as a result of the audit included purchasing disposable curtains and the implementation of a toy cleaning protocol for the reception area.

## Are services safe?

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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.
- Prescription pads were securely stored whilst in the practice and there were systems in place to monitor their use. However, this did not include the GPs own bags.
- We found loose prescription pad sheets in GPs personal bags. This was mixed with one labelled for another service and one that was pre-signed. This was highlighted to the GPs and rectified at the time of our inspection.
- One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurses were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of 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 but had not carried any 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, infection control, asbestos 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 that enough staff were on duty. There were arrangements in place for staff to provide cover for each other when required.

### Arrangements to deal with emergencies and major incidents

- The practice had adequate arrangements in place to respond to emergencies and major incidents. We found that the practice did not have a defibrillator and there was no risk assessment in place to demonstrate how emergency care would be given, if a defibrillator was needed.
- Oxygen with adult and children's masks were available. A first aid kit and accident book were available.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- 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.
- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- 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.

# 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 patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, nurses completed an audit to monitor care against the new COPD (Chronic Obstructive Pulmonary Disease which causes breathing difficulties) guidelines. A total of 10% of records were chosen randomly and the audit showed that sometimes people had too many conditions so that following guidelines was not always possible. This led to clinical staff interpreting guidelines and personalising them for patients. However the conclusion was that 100% of patients were on appropriate medicines when compared to the national guidelines.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89% of the total number of points available, with 10% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 91%, which was higher than the national average of 78%.
- The percentage of patients with hypertension having regular blood pressure tests was 94% compared to the national average of 84%.

- Performance for mental health related indicators, for example patients with psychoses who had a care plan in place was 100%, which was higher than the national average of 88%.

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. Cervical screening data was 82% of eligible women this is above the national average of 74%

We found there were high percentages of exception reporting on QOF outcomes for depression with 329 out of 333 patients exempted and a report for patients with atrial fibrillation (an irregular heartbeat) showed 73 out of 129 patients may have been exempted.

We discussed this with the practice and viewed their coding systems to determine a probable cause. We identified an error in recording the care of patients with these diseases and found that the coding used did not accurately record the care given. This was highlighted to the practice team and they immediately started reviewing their practice.

We also reviewed a sample of patient records and noted that although information was incorrectly coded there had been no adverse impact on patients who had received appropriate care and treatment for their condition.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Findings were used by the practice to improve services. For example, recent action taken as a result included. **Anticoagulants are medicines that help prevent blood clots. They are given to people at a high risk of getting clots, to reduce their chances of developing serious conditions such as strokes and heart attacks.** There were 63 patients identified as taking warfarin and 27 of these patients were identified as having poor outcomes from this medicine in first cycle. The practice implemented a nurse led management plan to improve adherence to the medicine. Reviews followed

# Are services effective?

## (for example, treatment is effective)

which resulted in 13 patients by the second cycle had showed improved use of their medicine which led to improved outcomes. The further 14 patients were receiving care from a specialist at the hospital.

Information about patients' outcomes was used to make improvements such as recording in patients records of their body mass index, which improved from 21% to 74 %.

### 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 staff reviewing patients with long-term conditions. 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. We saw an example of a competency assessment framework from the health care assistant showing a registered nurse had undertaken an assessment of their skills.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. For example, one nurse told us that she met with the GPs at the end of each session to ensure decisions were clinically sound and medically supported. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets was also available.
- 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 services 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. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### 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. The local staff training day in 2015 contained an update for this which all clinical staff attended.
- When providing care and treatment for children and young patients, 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 records audits.

### Supporting patients to live healthier lives

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

- These included patients receiving end of life care, carers, those at risk of developing a long-term condition and

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

those requiring advice on their diet, smoking and alcohol cessation and those who had been bereaved. A dietician was available by referral and smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 96%, 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. Bowel screening uptake was 72% which was

higher than the clinical commission group (CCG) average of 60% and the national average of 58%. The uptake for patients for this screening was increased by sending out additional appointment reminder letters.

Breast cancer screening was 71% and comparable to CCG average 71% and national average of 72%.

Childhood immunisation rates for the vaccines given were comparable to CCG and/or national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 84% to 100% and five year olds from 90% to 100%.

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

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

Feedback from patients was continually positive about the way staff treat people. All of the 66 patient Care Quality Commission (CQC) comment cards we received were overwhelmingly 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 nine 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. CQC comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey (July 2015) 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:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and national average of 89%.
- 95% of patients said the GP gave them enough time compared with the CCG average of 89% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared with the CCG average of 96% and the national average of 95%.

- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared with the CCG average of 85% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared with the CCG average of 91% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared with the CCG average of 89% and the national average of 87%.

These findings aligned with comment cards we received and what patients told us on the day that there was a person centred culture. The impact on patients was that they felt cared for by staff. We observed the reception team ask patients if they were too hot or if they required a glass of water.

### 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 on the comment cards we received was also positive and aligned with these views. Patients used words like superb, caring, never feel rushed, and suggested they never have to wait. Examples included two examples of the GP telephoning a patient, one at 10pm and one at 8pm to check on their welfare and inform them of test results.

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 in line with local and national averages. For example:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and the national average of 86%.
- 98% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.



## Are services caring?

- 98% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

### **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.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers.. Written information was available to direct carers to the various avenues of support available to them. This was part of the new patient registration pack.

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 by actively supporting them, For example, this practice provided additional bereavement support telephone calls at one month, three months, six months and at twelve months.

# 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, they used the personal list system to meet the needs of the older population, who felt they knew their GP and the GP knew their complex social circumstances.

Staff told us they always called older patients who did not attend their appointment as expected. In one example, a nurse called a patient who did not attend a regular appointment and received no answer. Following practice discussion, a nurse visited the patient at home and found the patient collapsed. This approach enabled the practice to seek emergency help on behalf of their patients.

- The practice offered extended hours on a Wednesday evening until 8.00pm aimed at working patients who could not attend during normal opening hours
- There were longer appointments available for patients with a learning disability or for anyone that required them, such as those who had complicated wound dressings.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were accessible toilet facilities and translation services available.
- The practice was planning to recruit a female GP to allow increased patient choice and this was part of their succession planning.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available throughout these times daily. Extended practice hours were offered from 7.10 am on Tuesday and Thursday and 6.30pm to 8pm Wednesday evenings. In addition, once a month the practice provides a Saturday morning surgery from 9.00am

to 11.30am. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

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

- 97% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 90% and the national average of 78%.
- 100% of patients said they could get through easily to the practice by phone compared to the (CCG average of 82% and the national average of 73%.
- 91% of patients said they always or almost always see or speak to the GP they prefer compared to the (CCG average of 70% and the national average of 36%.

Patients told us on the day of the inspection that they were always 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.

- The 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. There was a poster in the reception area and staff told us that patients would request to speak with the practice manager. There were details of how to make a complaint in the practice leaflet and on the website.

The practice had received two complaints. We looked at both complaints received in the last 12 months and found they were dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient requested anti-biotics and did not receive them immediately. This was handled sensitively and apologetically however the practice acknowledged that improvements were needed in communicating the decisions made to the patient...

# 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, in the patient newsletter and staff knew and understood the values. This was demonstrated in the use of personal lists across the practice for all patients.
- The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework however not all areas of the practice were robustly supported for the delivery of the strategy and good quality care.

There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This was written in the staff handbook.

Practice specific policies were implemented and were available to all staff and were, held on paper and computer. However risks needing to be managed were not always quality checked such as storing prescriptions issued for GPs to hold in their personal bags. In addition, a system to ensure the frequency of fire drills and for the monitoring of clinical coding to resolve errors and reflect care given. There were gaps found in the system for monitoring of samples sent for histology testing (such as of skin and tissue); which could lead to delays in treatment or reassurance for patients.

Within 24 hours of the inspection, the practice sent through an action plan including a booked date for the fire drill. They also sent us detailed plans they had implemented to discuss risks regarding prescription pads and their plan to manage clinical coding.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- They 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 held regular team meetings and received regular email correspondence regarding practice news or policy changes.
- 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 in doing so and felt supported if they did. Staff told us that the nature of the practice led to regular interactions in the coffee room and corridors to support and talk to one another.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met virtually, carried out patient surveys and submitted proposals for improvements to the practice

# Are services well-led?

Good 

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

management team. For example, there was a plan for reception staff to attend a deaf awareness training session within the next month, to help them support patients who may be losing their hearing.

- The practice had gathered feedback from staff through informal discussion and practice meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## 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.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  The registered provider did not ensure that all reasonably practicable actions were taken to mitigate risks to the health and safety of service users.  The provider failed to have arrangements to take appropriate action if there is a clinical or medical emergency. There was not a risk assessment to determine the decision not to have a defibrillator at the practice.  This was in breach of Regulation 12 (1)

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.