

# Swallowfield Medical Practice

## Quality Report

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	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 Swallowfield Medical Practice on 8 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

The areas where the provider should make improvement are:

- Consider the location of emergency medicines.
- Ensure all high risk actions regarding legionella are completed.

# Summary of findings

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

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

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example, one of the practice nurses had seen a patient safety alert relating to equipment used for delivering injectable medicines. Although the equipment was not the

Good



# Summary of findings

practice responsibility, the nurse ran a search to find patients who were using the equipment and rang them to ensure they were aware of the alert and to enquire with the provider of the equipment if they required a replacement.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Views of external stakeholders were very positive and aligned with our findings.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice had been chosen as a pilot site for a community navigator who worked closely with patients of the practice to offer them additional sources of help and support from external and voluntary agencies.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, feedback about GP appointments led to an increase of nursing hours and introduction of a nurse led minor illness clinic to alleviate pressure on the duty doctor.
- Patients can access appointments and services in a way and at a time that suits them. For example, patients could telephone the practice at any time during a 24 hour period and book an appointment using the automated appointments line.
- 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

Good



# Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The patient participation group was actively involved in the practice and had initiated many changes in patient improvement programmes.
- There was a strong focus on continuous learning and improvement at all levels

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offers a voluntary transport service to patients over the age of 65 who require assistance with attending appointments. This initiative is organised in association with the patient participation group.
- All patients over the age of 75 are contacted by a healthcare assistant within two days of being discharged from hospital. Any concerns are raised with the named GP who arranges a home visit or urgent appointment.
- The practice looked after patients from one nursing home and one residential home. Both homes received a regular ward round for reviewing all patients and were able to book home visits quickly when urgent care was required.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- One of the GP partners had an interest in cardiology (heart health) and had successfully introduced 24 hour blood pressure and electrocardiogram (ECG – a recording of the electrical activity of the heart) monitoring. This reduced patients need to go to hospital for diagnosis of some coronary conditions.
- The practice had commenced a 'house of care' model for diabetes care and had achieved positive outcomes. (The house of care takes a whole system approach to long term conditions management. It makes the patient central to care). The practice was planning to offer the same for patients with chronic lung problems.
- 76% of patients with diabetes had achieved a target blood level compared to the CCG average of 74% and national average of 78%.

Good



# Summary of findings

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

## **Families, children and young people**

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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.
- One of the GPs was developing a course for young school children to promote GP services and reduce fear of going to the practice for examinations and vaccines.
- 87% of females aged 25 to 64 had received a cervical screening test in the preceding five years compared to the CCG average of 84% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had a self-check blood pressure machine for patients use so patients could take a reading at a time that was convenient for them.

Good





# Summary of findings

- The practice newsletter included health education articles and practice information updates for patients who did not attend the practice very often.

## 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 homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice looked after three residential homes for patients with severe learning disabilities. Each home had a named GP who attended regularly for reviews and check-ups.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice regularly hosted the citizen's advice bureau and had commenced the services of a community navigator (a volunteer who advises patients on voluntary organisations and sources of help and support).

Good



## 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).

- 75% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average of 78% and national average of 84%. The practice had increased this to 80% in the most recent QOF year (2015/16) and had initiated system alerts to highlight patients attending who could be opportunistically reviewed during a routine appointment.
- 90% of patients with a diagnosed psychiatric condition had a comprehensive, agreed care plan documented in the record in the preceding 12 months compared to the CCG average of 95% and national average of 88%.

Good



# Summary of findings

- 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 looked after residents from two nursing homes who assisted patients with dementia. Both the homes were able to access GP home visits in a timely way and felt supported by the practice. Staff told us the named GP would attend when required with very few exceptions and they always treated the patients with dignity and respect.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 242 survey forms were distributed and 119 were returned (49%). This represented 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average 88% and national average of 85%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 84% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive

about the standard of care received. Patients stated how they felt cared for and supported during consultations without feeling rushed. They felt listened to and respected. Three cards added that sometimes it was difficult to get a routine appointment, but were still complimentary towards staff.

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

The latest friends and families test results showed the practice was rated highly amongst patients. For example 90% would recommend the surgery to someone new to the area.

Two of the nursing/residential homes offered positive views about the service they received from the practice. There was a lead GP for each home and regular ward rounds for the residents were held. The practice was described as supportive, kind and quick to respond to any concerns with any of the residents. Patients were treated with dignity and respect and the nursing staff felt listened to when expressing clinical concerns.

## Areas for improvement

### Action the service SHOULD take to improve

- Consider the location of emergency medicines.
- Ensure all high risk actions regarding legionella are completed.

# Swallowfield Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a CQC assistant inspector and a practice manager specialist adviser.

## Background to Swallowfield Medical Practice

Swallowfield Medical Practice, Shinfield branch Surgery and Arborfield branch Surgery offer primary medical services to over 11,500 patients in the Swallowfield, Shinfield and Arborfield areas of Wokingham. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. The practice offers GP and nursing consultations from three sites. Patients are given the option to be seen at any practice and staff work across all sites. The practice look after one nursing home and one residential home for elderly patients. They are also responsible for four residential homes for patients with severe learning disabilities.

The practice has three GP partners (all male) and four salaried GPs (three female, one male). The nursing team consists of four practice nurses (all female), two healthcare assistants (both female) and two phlebotomists. The practice dispensary at Swallowfield has a dispensary manager and eight dispensers. The practice is supported by a large organisational and administration team, consisting of a practice manager, a deputy practice manager, an IT manager, five administration staff, a reception manager and eight receptionists.

Swallowfield Medical Practice (the main practice) is located in a purpose built building in a semi-rural area. There is ample parking available and designated disabled parking spaces. The entranceway has push button opening doors which lead to the reception and waiting room area. There are six GP consultation rooms and two nurse treatment rooms which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

Swallowfield Medical Practice is open between 8am and 6.30pm Monday to Friday. Appointments vary daily depending on the GP available. Morning appointments start from 8.15am to 8.30am and finish between 11.20am and 11.50am Afternoon appointments commence between 1.30pm and 2.10pm and finish between 5.10pm and 5.15pm daily. Extended hours appointments at Swallowfield are offered on Monday evenings until 8pm, Wednesday mornings from 7.30am, Thursday evenings until 7.15pm and every alternate Saturday from 8am to 12pm.

Shinfield branch surgery is located approximately 3 miles from the main practice. Opening times are Monday from 8am to 6.30pm and Tuesday to Friday 8am to 1pm. Appointments are from 8am or 8.30am until 11.50am in the morning and on Monday afternoons between 2pm and 5.20pm.

Arborfield branch surgery is located 3.5 miles from the main practice at Swallowfield. It is closed on Mondays, open from 8am to 1pm Tuesdays and Wednesdays and 8am to 6.30pm Thursdays and Fridays. Appointments are from 8.30am to 11.20am in the mornings and 2.30pm to 4.40pm on the two afternoons it is open. Extended hours are offered on a Friday evening until 8pm. The practice have opted out of offering out of hours services. Out of hours cover is provided via the NHS 111 telephone service.

# Detailed findings

All services are provided from:

Swallowfield Medical Practice, The Street, Swallowfield, Reading, Berkshire, RG7 1QY

and

Shinfield branch surgery, Millworth Lane, Shinfield, Berkshire, RG2 9EN

and

Arborfield branch surgery, Arborfield Village Hall, Eversley Road, Arborfield Cross, Berkshire, RG2 9PQ

We visited the main practice site at Swallowfield during this inspection. The practice has not been inspected by the CQC prior to this visit.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations, such as NHS England, the CCG and local Healthwatch, to share what they knew. We carried out an announced visit on 8 June 2016. During our visit we:

- Spoke with a range of staff including GPs, Practice Nurses, Health care assistant, Dispensers, Receptionists, Administration staff, Practice Manager and Assistant Practice Manager.

- Spoke with patients who used the service, two care homes for patients and representatives of the PPG.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia).

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an audit of 24 hour electrocardiogram (ECG) testing (measuring the electrical activity of the heart over a 24 hour period) showed 11 patients had not had a review appointment due to a system error between the branch practice and Swallowfield. The practice adopted a new protocol to ensure all 24 hour ECG tests and follow up appointments were made at Swallowfield only.

In another incident, a patient received a referral letter containing another patient's details. The administration team were given additional training in confidentiality and information governance.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements.

Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The 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. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses was undertaking a course to qualify as an Independent Prescriber which would enable them to prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role and had shadowed a GP to enhance her assessment skills. Patient Group Directions

## Are services safe?

had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). The patient participation group had undertaken an observational study of the dispensary in April 2016. They provided detailed feedback to the dispensary staff and offered ideas for improvement to the working of the dispensary. Suggestions for improvement included; improving awareness of a three day turnaround for repeat medicines to manage expectations of patients, telling patients of important messages contained within the medicine bag and updating the dispensary telephone message and answering systems.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice had decided not to undertake DBS checks for the dispensary staff. They had performed a risk assessment to include potential concerns such as theft and fraudulent activity. The dispensers were never left alone with vulnerable patients.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The legionella risk assessment in November 2015 had highlighted a high risk associated with the hot water tanks and had recommended replacing them. The practice had received quotes for this work, but were yet to arrange for the work to be done. As an interim measure the water tanks had been set to a higher temperature and there were warning notices next to the taps advising of this.

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were available to staff in a secure area of the practice and most staff knew of their location. However, the inspection team identified concerns with accessing the emergency medicines. The equipment was behind a curtain rail area where patients were examined. This meant if an emergency arose

## Are services safe?

whilst a patient was being examined, their privacy would be infringed upon or access to the medicines would be delayed. All the medicines we checked were in date and stored securely.

- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% 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). Before we inspected, we noted there was a number of high exception reporting for long term conditions, such as atrial fibrillation, heart failure, peripheral vascular disease, asthma and dementia. The practice were aware of this and through analysis had concluded these were legitimate exceptions due to patient decisions not to attend for review appointments. The practice followed up on these patients to ensure they had been offered three routine reviews before excepting them from the figures. The practice were promoting reviews of these conditions with the newer members of the nursing team taking lead roles.

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 90% which was similar to the CCG average of 88% and national average of 89%.

- Performance for mental health related indicators was 100% which was similar to the CCG average of 99% and above the national average of 93%
- Performance for chronic obstructive pulmonary disease related indicators was 100% which was similar to the CCG average of 99% and national average of 96%.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed in the last two years, 3 of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a review of patients with a bowel condition which means they were unable to digest gluten, showed only 13% had received an annual review with blood test. Further training and updates were offered to clinical staff and the repeat audit showed this had risen to 86% and patients with this condition were being managed better by the practice.

Information about patients' outcomes was used to make improvements such as: An uncomplicated urinary tract infections audit showed diagnostic tests were only used in 39% of cases despite clear guidance on best practice for diagnostic testing. Compliance with antibiotic prescribing was 63%. The practice offered discussion and training on this to ensure all clinical staff were aware of best practice. Additional system flags were added to the computer system to alert the clinician to the guidance. A repeat audit showed diagnostic test compliance had risen to 65% and compliance with antibiotic use had improved to 85%.

### 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.

# Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. For example, two of the nurses had completed a course for diabetes management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice had recognised a lack of fire awareness training amongst staff and had block booked an external stakeholder to offer training to everyone at the next afternoon closure in June 2016.

## Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a two-monthly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice met with a health visitor every six weeks to discuss children at risk.

## 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.
- 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 GPs assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available on the premises from an external stakeholder and dietary advice and information was available from one of the health care assistants.

The practice's uptake for the cervical screening programme was 87% which was comparable to the CCG average of 84% and higher than the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its

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

patients to attend national screening programmes for bowel and breast cancer screening. For example, 70% of female patients aged between 50 and 70 were screened for breast cancer in last 36 months compared to the CCG average of 74% and national average of 72%. 63% of patients aged 60 to 69 were screened for bowel cancer in last 30 months compared to the CCG average of 65% and national average of 58%.

Childhood immunisation rates for the vaccinations given were comparable to or above the CCG average. For

example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 95% (CCG 90% to 95%) and five year olds from 95% to 99% (CCG 90% to 96%).

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.

All of the 43 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with three 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We observed how the staff involved patients in their care. For example, one of the practice nurses had seen a patient safety alert relating to equipment used for delivering injectable medicines. Although the equipment was not the practice responsibility, the nurse ran a search to find patients who were using the equipment and rang them to ensure they were aware of the alert and to enquire with the provider of the equipment if they required a replacement.

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

- 97% 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%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 92% of patients said the last nurse they spoke to was good at listening to them compared to the CCG average of 92% and the national average of 91%.
- 93% of patients said the nurses gave them enough time compared to the CCG average of 93% and the national average of 92%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Many results were higher than local and national averages. For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.

## Are services caring?

- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 82%.
- 94% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

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

- 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 225 patients as carers (2% of the practice list). The practice identified patients through system alerts and coding of patient records. When new patients registered they were asked if they were a carer. Carers were invited to attend flu clinics annually. The practice organised a carer's group display stand at the flu clinics to offer information and support. The practice have been chosen as a pilot site for a community navigator who came to the practice twice weekly. The community navigator offered advice to patients regarding voluntary organisations and access to alternative sources of care and support locally. 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 by telephone or visited them at home. This 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. The practice had been chosen by the CCG as a pilot site for a community navigator who worked closely with patients of the practice to offer them additional sources of help and support from external and voluntary agencies.

- The practice offered an extended surgery hours for working patients who could not attend during normal opening hours.
- A practice newsletter kept patients up to date with practice matters and offered health education sections.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- A volunteer car service provided free transport to patients of the practice, with limited mobility, to enable them to access GP services and hospital care. The service was initiated and organised by members of the patient participation group. In 2015 the scheme had undertaken over 1000 patient journeys.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments varied daily depending on the GP available. Morning appointments started from 8.15am to 8.30am and finished between 11.20am and 11.50am. Afternoon appointments commenced between 1.30pm and 2.10pm and finished between 5.10pm and 5.15pm daily. Extended hours appointments were offered on Monday and Thursday evenings until 8pm, Friday evenings until

7.15pm and every alternate Saturday from 8am to 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were very or fairly satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the CCG average of 77% and national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

The practice managed these requests by telephoning the patient or carer in advance to gather information and allow for an informed decision to be made on prioritisation according to clinical need.

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. This included a poster on display in the waiting room and a how to complain section in the practice patient leaflet.

We looked at 17 complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a

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

timely way with openness and transparency in dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient attempted to order a repeat prescription online and received a 'not eligible' notification. The practice identified an inaccurate message as these required authorisation before being prescribed. The patient received an apology and the practice submitted an application to have the wording on the IT system updated.

In another incident, a patient complained they were unable to attend a review clinic due to work commitments. They were offered only the clinic times by the reception staff. The practice offered further training in booking reviews for certain long term conditions, reviewed the number of appointments and increased the number available.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

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

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received.

The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They had led on a number of proactive initiatives including;

- Created and produced a quarterly newsletter which was distributed by email and in hard copy from various pick up points throughout the parish, including all three practice locations. In addition, health education and practice update articles from the newsletter were added to the local parish newsletter with a distribution list of over 4,000 patients.



# Are services well-led?

Good 

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

- The PPG undertook a survey of why patients attended the practice. The findings made the GPs aware of how their time was being managed and where more efficiencies could be made. As a direct result of the survey the appointments system was revised to allow more pre-bookable and on the day appointments to be available.
- Reviewed dispensary working practices and environment and presented their findings and recommended actions to the practice.
- Assisted the practice to raise funds for automatic entrance doors.

The PPG were an active and involved group who were eager to promote and challenge the practice. They encouraged members from the whole community and had, in the past had a young mother and a student involved in the group. The practice welcomed their input and support and offered them an open forum to voice their opinions.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. 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, such as the community navigator. One of the administration team had developed a computer software programme that linked two separate systems and integrated them. This had made patient recalls more robust and linked into the letter writing software to pull patient details through. The programme was so successful, the practice had sold it to several other practices locally.

There were plans to become a training practice as one GP was receiving additional training to become a registered trainer. (A training practice provides teaching, coaching and support for qualified doctors who are training to become GPs). The practice valued and supported all staff in their professional development, offering additional training to up skill to another role or responsibility. For example, one of the nurses had trained to become an acute illness nurse and was undertaking their prescribing certificate.

The practice had reflected on the needs of patients and were looking to the future service provision with a rapidly growing local population. They had agreed plans with the CCG and applied for funding to expand the practice to offer additional consultation and treatment rooms.