

# Henfield Medical Centre

## Quality Report

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

### Ratings

<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>Good</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 Henfield medical practice on 6 October 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.
- 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.

We saw three areas of outstanding practice:

- The practice enabled patients to contact their GPs personal assistant should they have any concerns they needed to raise. This allowed for one person to deal with issues and for a smoother method of resolving concerns.
- The practice had a drop in session every Wednesday afternoon for young patients and had been awarded a PACE Setter award for the work in attempting to reduce teenage pregnancy.

# Summary of findings

- The practice operated a “patient passport” system for patients with long term conditions which nurtured a partnership between the practice and patient in managing their conditions.

The areas where the provider must make improvement are:

- To ensure the safe and proper management of medicines are reviewed to protect patients against the risk of unsafe care and treatment.
- To ensure that the assessment, detection and controlling the spread of infections, including those that are associated with health care are reviewed so that their infection control audit procedure has a method of documenting how issues are resolved and when this was done.

The areas where the provider should make improvements are:

- The practice should review the complaints process to ensure patients are given information on how they can escalate the complaint if they remain dissatisfied.
- The practice should continue to record and ensure that the reasons for fridge temperatures going out of range is established.

**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.

Requires improvement



- 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.
- 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 infection control audit did not contain an action plan which detailed how issues found were to be resolved.
- Medicines were not always dispensed according to requirements. For example, repeat prescriptions that were dispensed on a weekly basis did not have the prescription form signed until after these had been handed to the patient. There was also one prescription for a controlled drug dispensed without this being signed by a GP.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% compared to the local clinical commissioning group (CCG) average of 80% and the national average of 78%.

# Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes and working with other local providers to share best practice.
- The practice operated a “same day team” consisting of a duty GP, triage nurse and duty administrative staff. This team met mid-morning to discuss and assess the priority of their home visit requests. This team also managed all urgent appointments.
- All GPs had a personal list of patients to allow for continuity of care.

## 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.
- 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.

Good



## 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. This included close working relationships with the pro-active care team to reduce unplanned admissions.
- The practice formed a partnership with patients in managing their long term conditions with the use of patient passports which held important information and test information for individual patients.
- 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 there were now more telephone consultations available for patients.
- Patients can access appointments and services in a way and at a time that suits them. Patients also had access to their individual GPs personal assistant to enable them to raise any concerns via them to which they then respond appropriately.

Good



# Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice provided a drop-in clinic every Wednesday afternoon for young patients between 4pm and 4.30pm.
- The practice was awarded a PACE Setter award in 2016 for their work in attempting to reduce teenage pregnancy.
- 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. However, the practice did not inform patients how they could escalate the complaint should they still remain dissatisfied following the final response letter.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. 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 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 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 provided care to two local care homes, each with approximately 50 beds and undertook weekly visits to the patients there.
- The practice was active in the pro-active care scheme which identified patients at risk of unplanned admission to hospital and met fortnightly with the team involved to discuss care plans and cases.
- The practice provided educational sessions for nursing home staff in areas such as diabetes care.

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.
- Data from 2014/15 showed The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 94% compared to the CCG average of 91% and a national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had a system called “passport to health” which was a personalised care management plan that was agreed in partnership with the patient and gave details of when blood tests and other reviews were required.

Good



# Summary of findings

- The practice undertook monthly diabetic review clinics led by a practice nurse who had a diploma in diabetic care and supported by a specialist diabetic community nurse.
- The practice undertook quarterly meetings with community and hospice nurses.
- The practice had organised two fitness “boot camps” lasting six weeks each at the local leisure centre for patients needing exercise assistance.
- The partners at the practice each had a personal assistant who was able to be contacted by patients requiring support. This enabled their named GP to be informed of any issues the patients on their list had.

## 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.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding five years was 81% compared to the CCG average of 83% and a 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.
- The practice sent a “birthday card” to patients on their 15th birthday advising them of the services available to them.
- The practice provided a drop-in clinic every Wednesday afternoon for young patients between 4pm and 4.30pm.
- The practice was awarded a PACE Setter award in 2016 for their work in attempting to reduce teenage pregnancy.
- The practice took part in a scheme where young people could show a card to receive free condoms.
- The practice was the foodbank location for the village of Henfield.

Good



# Summary of findings

- The practice had received money from a legacy which allowed young diabetic patients to go on breaks organised by Diabetes UK which allowed them to talk to other young diabetic patients and assist in managing their condition.

## **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.
- Early morning appointments from 7am were offered four days a week.
- The practice offered telephone appointments where appropriate.
- The practice offered electronic prescribing so patients could collect prescribed medicines from a location of their choice.
- The practice had a Facebook page to keep in contact with patients.

Good



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

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

- 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 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.

Good



# Summary of findings

## 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).

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 95% compared to the CCG average of 90% and a national average of 88%.
- 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.
- The practice maintained links with a local charity called “Know dementia”. This allowed further support for patients with dementia.
- The practice had undertaken two separate training days specifically on mental health issues in July 2015 and October 2016.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 220 survey forms were distributed and 112 were returned. This represented 1% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards which were all positive about the standard of care received. Some comments received included, first class care in all appointments, all staff were polite and very helpful, the practice was very efficient and effective and that they enjoyed coming to the practice for care.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring though one also mentioned that they had found it difficult to get appointments. The friends and family test results from January to September 2016 show that there were 39 responses all of which indicated that they were either extremely likely or likely to recommend the practice.

# Henfield Medical Centre

## 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 second CQC inspector, a practice manager specialist adviser and a pharmacy inspector.

## Background to Henfield Medical Centre

Henfield Medical Centre is a dispensing practice offering general medical services to the population of Henfield and surrounding areas in West Sussex. There are approximately 9,600 registered patients.

The practice population has a higher number of patients between 45-85 years and over compared to the national and local CCG averages. The practice population also shows a lower number of patients between the age of 15-44 years compared to the national and local CCG averages. There are a higher number of patients with a longstanding health conditions. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for both the CCG area and England.

Henfield medical centre is run by eight partners, seven GP partners (two male and five female), and a practice manager partner. The practice is also supported by six practice nurses (five female and one male) three healthcare assistants, a dispensary team, a team of administrative and reception staff, and an assistant practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and travel vaccines and advice.

Services are provided from two locations:

Henfield Medical Centre, Deer park, Henfield, West Sussex, BN5 9JQ

And a branch surgery at:

Partridge Green Surgery, Woodlawn, High Street, Partridge Green, West Sussex, RH13 8HR.

We did not inspect the branch surgery on the day of inspection.

Opening hours are Monday to Friday 8am to 6.30pm. The practice has extended hours with early morning appointments from 7am Tuesday to Friday inclusive.

During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider. Access is gained to this provider by calling NHS 111.

## 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.

# Detailed findings

## 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 6 October 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, a healthcare assistant, administrative staff, practice manager and assistant practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a chest x-ray was received for two months and then the information was scanned into the wrong notes. Advice is now given to patients to contact the practice after two weeks and staff were notified of the process of ensuring notes are correct. The hospital was also informed of the issue.

### 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 and nurses to level two.

- 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. 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. Infection control audits were undertaken and whilst we saw evidence that action was taken to address any improvements identified as a result, there was no action plan that allowed the practice to monitor how and when issues were remedied.
- The arrangements for managing medicines, (including obtaining, prescribing, recording, handling, storing, security and disposal) did not always keep people safe.
- Repeat prescription requests were managed by dispensary staff. Some high risk medicines (requiring closer monitoring) were available on repeat. However, there were systems in place to ensure patients were reviewed by a doctor.
- Blank prescription forms (FP10s) were stored securely and a system had been implemented to track prescriptions through the practice.
- Patient Group Directions had been adopted by the practice to allow nurses to administer vaccines according to legal requirements. Patient Specific Directions were used to enable appropriately trained healthcare assistants to administer injections.
- There was a named GP responsible for the dispensary and dispensary staff had received appropriate training. Standard Operating Procedures (SOPs) were in place for dispensary tasks, these were reviewed annually and had been signed by staff.

## Are services safe?

- Expiry dates of stock medicines were checked regularly. However, the practice held two anaphylaxis kits (boxes of medicines used in an emergency to treat an allergic reaction) and the contents of one of these had expired in 2015.
- All medicines were stored securely, including emergency medicines, vaccines and oxygen. Fridge temperatures were monitored daily for all four fridges, but comments and actions regarding the dispensary fridge had not been recorded when the temperatures went out of range of 2C and 8. A process was put in place on the day of inspection to rectify this.
- We were told that prescriptions for repeat medicines were signed by the GP before dispensing. However, repeat prescriptions, for patients who had their medicines dispensed in a weekly monitored dosage system (MDS – dosette box), were sent for signing after the patient had received their box. There was one dispensed prescription that included a controlled drug (CD - medicine with potential for misuse, requiring special storage and closer monitoring), stored in the CD cabinet that had not been signed by the GP.
- Dispensing areas were clean and organised. Medicines selected for dispensing were accuracy checked using a barcode scanner. MDS boxes were prepared away from the general dispensing to avoid interruptions. Medicines contained in the MDS boxes and were labelled with directions when to take them. However, there were no descriptions of what each medicine looked like. This would make it difficult for patients or carers to identify the medicine, for example if a medicine needed to be omitted.
- Dispensing errors and ‘near misses’ (dispensing errors that are identified before the medicines leave the dispensary) were recorded appropriately and there was evidence that learning from incidents was used to improve practice.
- Medicine safety alerts (alerts that are issued nationally regarding faulty products) were disseminated to relevant practice staff and records demonstrated that appropriate action had been taken.
- The practice held a stock of CDs. CDs were stored safely, registers were completed correctly and monthly balance checks were conducted by staff. Destruction of patients’ returned CDs and expired stocks of CDs was carried out in line with legislation.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients’ needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children’s masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. It was seen during the inspection that one kit used for severe allergic reactions had out of date medicine within it.

## Are services safe?

- 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 99.7% of the total number of points available.

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 better than the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 85% compared to the national average of 78%.
- Performance for mental health related indicators was similar to the national average. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 95% compared to the national average of 90%.

There was evidence of quality improvement including clinical audit.

- There had been 13 clinical audits completed in the last two years, seven 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 reducing the quantity of anti-inflammatory medicines prescribed to patients whilst ensuring the patient's condition was still effectively managed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

# Are services effective?

(for example, treatment is effective)

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.
- The practice undertook monthly diabetic review clinics led by a practice nurse who had a diploma in diabetic care and supported by a specialist diabetic community nurse.
- The practice undertook quarterly meetings with community and hospice nurses.
- The practice provided care to two local care homes and undertook weekly visits to the patients there.
- The practice was active in the pro-active care scheme which identified patients at risk of unplanned admission to hospital and met fortnightly with the team involved to discuss care plans and cases.
- The practice provided educational sessions for nursing home staff in areas such as diabetes care.

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 fortnightly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

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

- The process for seeking consent was monitored through patient records audits.

## 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.
- The practice had organised two fitness "boot camps" lasting six weeks each at the local leisure centre for patients needing exercise assistance.

The practice undertook monthly diabetic review clinics led by a practice nurse who had a diploma in diabetic care and supported by a specialist diabetic community nurse.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 83% and 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. 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example female patients aged 50-70, that were screened for breast cancer in the last 36 months (three year coverage) was 66% which was comparable to the CCG average of 72% and a national average of 72%.

Patients aged between 60-69, screened for bowel cancer in the last 30 months was 63% which was comparable to the local CCG average of 61% and the national average of 58%.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 27% to 99% and five year olds from 73% to 98% compared to the CCG average of 24% to 94% and 67% to 97% respectively.

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

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% 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%.
- 92% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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. Results were in line with local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- 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.
- Patients with long term conditions received a "patient passport" which detailed tests that the patient required and the timescales for these along with information should they have an acute exacerbation of their condition. These passports allowed for the patient to work in an active partnership with the practice and empowered them in managing their condition.

## Are services caring?

- Patients had telephone access to their individual GPs personal assistant should they need to raise any concerns over their condition. This assisted in creating a caring and supportive relationship between patient and practice.

### **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 210 patients as carers (approximately 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice has a care coordinator who monitors and updates carer information.

Whilst formulating care plans the practice assists the patient in organising day centres for them to attend if they wish and also works with them in ensuring they have transport to these. There is a voluntary run medical centre link group that provides transport to the practice and local hospitals.

The practice was also the location for the areas foodbank.

The practice had received money from a legacy which allowed young diabetic patients to go on breaks organised by Diabetes UK which allowed them to talk to other young diabetic patients and assist in managing their condition.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation if appropriate 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 offered early morning appointments from 7am Tuesday to Friday inclusive for patients who could not attend during normal opening hours.
- 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.
- Same day appointments were available for children and those patients with medical problems that require 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 and translation services available.
- The practice offered telephone appointments where appropriate.
- The practice offered electronic prescribing so patients could collect prescribed medicines from a location of their choice.
- The practice provided a drop-in clinic every Wednesday afternoon for young patients between 4pm and 4.30pm.
- The practice was awarded a PACE Setter award in 2016 for their work in attempting to reduce teenage pregnancy.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12.30pm every morning and 2.15pm to 5pm daily. Extended hours appointments were offered from 7am on Tuesday to Friday mornings. In addition, pre-bookable appointments could be booked up to two 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.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 89% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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 had a "same day team" that managed all requests for urgent appointments, including home visits. This team consisted of a duty GP, nurse and the duty admin manager. The advanced nurse practitioner or nurse practitioner would telephone triage these requests and decide whether the patient needed to see a GP or nurse. There is a separate GP for the morning and afternoon sessions to assist in safe practice. In the afternoon a second GP also assists the duty GP from 4pm to ensure that all patients are seen effectively. 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. The complaints procedure was available in the practice and on their website.

We looked at complaints received in the last 12 months and we found these were satisfactorily handled and dealt with in a timely way. Complaints were discussed and apologies given to patients where appropriate. For example, a complaint was received from a patient who had

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

visited the practice with a baby who then subsequently had a long wait with no information given to them as to the reason or how long the wait was. The practice has since reiterated the need for improved communication when clinicians are running late including the use of the

electronic screen to inform patients. However, the final response letter from the practice omitted information that sign posted the complainant to the next stages should they remain dissatisfied with the practice's response though this information was on the complaint leaflet.

# 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.
- There was life coaching sessions run by a GP for staff to assist them in reaching their potential.

### 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, the PPG meet with the whole practice team twice a year to exchange views and address issues. For example, the PPG have provided new chairs within the waiting area, provided water coolers for the patients comfort and also provided the electronic screen which delivers patient information.
- The PPG also holds regular event evenings for patients of the practice and others within the local community. These sessions include information on issues such as

# Are services well-led?

Good 

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

weight control and diabetes management. There has also been a “Doctor’s question time” held in a local hall for GPs to answer a whole range of questions relevant to people.

- 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.

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 Family planning services Maternity and midwifery services Surgical procedures Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>How the regulation was not being met:</b></p> <p><b>The provider had not ensured the proper and safe management of medicines</b></p> <p>The provider had not ensured prescriptions for controlled drugs were signed prior to collection.</p> <p>The provider had not ensured repeat prescriptions used by the dispensary were signed prior to collection.</p> <p>The provider had not ensured all emergency medicines available for use were in date.</p> <p>The provider had not supplied the correct information sheet for medicines included within the dosette boxes they had supplied.</p> <p><b>The provider had not ensured the assessing of risks involving the preventing, detecting and controlling the spread of infections, including those that are health care associated.</b></p> <p>The practice had not ensured their infection control audit procedure documented how identified issues were resolved and when this was achieved.</p> <p>This was in breach of regulation 12(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>