

# Gossops Green Medical Centre

## Quality Report

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Date of inspection visit: 19 January 2016  
Date of publication: This is auto-populated when the report is published

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?

Requires improvement 

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 Gossops Green Medical Centre on 19 January 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 the skills, knowledge and experience to deliver effective care and treatment.
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Patients' needs were assessed and individualised care was planned and delivered following best practice guidance.
- Information about services and how to complain was available and easy to understand.
- Patients said they could make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- They offered a number of enhanced services to meet the needs of their patients. This included clinics for diabetes and asthma, and a dementia identification service.
- There was a strong focus on continuous learning and improvement at all levels within the practice.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted

The areas where the provider must make improvements are:

# Summary of findings

- Ensure that all Patient Group Directions (PGDs) are completed correctly and in line with legislation.
- Review medical supplies to ensure that the practice has the ability to deal with a medical emergency for a child.
- Ensure the security and tracking of blank prescriptions at all times.
- Seek to improve the information displayed in the patient waiting room to meet the needs of the local population.
- Improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service.

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

Chief Inspector of General Practice

The areas where the provider should make improvements are:

# 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.

- There was an effective system in place for reporting and recording significant events
- Some risks to patients were assessed and well managed. However, systems and processes to address risks were not implemented well enough to ensure patients and staff were kept safe. This included that Patient Group Directions were not always completed correctly, not all actions from risk assessments to minimise the risk of legionella had been completed, and blank prescriptions were not always stored securely.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

Requires improvement



### 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 for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We observed a strong culture of learning and noted many staff had received further training in order to deliver enhanced services to meet the needs of patients.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



# Summary of findings

- The practice had developed patient specific lists in order to provide appropriate appointments, and to inform care planning and referrals to relevant services/support. This included patients with dementia and those suffering poor mental health.

## 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they could make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice operated a successful triage service that patients felt enabled them to have good access to appointments.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on.
- The practice had a virtual patient reference group (PRG).
- 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 was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Patients were able to speak with or see a GP when needed and the practice was accessible for patients with mobility issues.
- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services.
- The practice was responsive to the needs of older patients, and offered home visits, urgent appointments and longer appointments for those with enhanced needs.
- The practice held a dedicated joint injection clinic to meet the needs of its patients, particularly those with arthritis and patients with multiple health conditions who were unable to have surgical interventions.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was committed to improving performance and had a dedicated diabetes clinic to improve outcomes for patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice offered a range of enhanced services to people with long term conditions. This included asthma and diabetes clinics.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was
- Immunisation rates were good for all standard childhood immunisations.
- The practice had a designated GP lead for sexual health and family planning, who offered a wide range of services.

## **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 offered extended hours appointments every Thursday between 7am and 8am.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, and offered longer appointments where required.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice ensured timely referral to urgent response services to ensure the changing needs of vulnerable patients were met.

Good



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- We found that 81% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice provided advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2015. The results showed that, with the exception of one indicator, the practice was performing in line with local and national averages. There were 327 survey forms were distributed and 118 were returned. This represented a response rate of 36%.

- 59% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 68% and a national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 82% and national average 85%).
- 80% of patients described the overall experience of their GP surgery as good (CCG average 82% and national average 85%).
- 72% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 74% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards that, with the exception of four, were positive about the standard of care received. Comments included that the GPs listened and explained their treatment, and that reception staff were helpful and polite. Patients also commented that the environment was clean and hygienic.

We spoke with two patients during the inspection. They both said they were happy with the care they received and thought staff were approachable, committed and caring.

We reviewed the latest results from the friends and family test in October 2015, which received 15 responses. This showed that 80% of respondents would recommend the practice.

## Areas for improvement

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

- Ensure that all Patient Group Directions (PGDs) are completed correctly and in line with legislation.
- Review medical supplies to ensure that the practice has the ability to deal with a medical emergency for a child.
- Ensure the security and tracking of blank prescriptions at all times.

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

- Seek to improve the information displayed in the patient waiting room to meet the needs of the local population.
- Improve processes to engage with the patient reference group in order to gather feedback and involve patients in the delivery of the service.

# Gossops Green 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 second CQC inspector, a GP specialist adviser, and a practice manager specialist adviser.

## Background to Gossops Green Medical Centre

Gossops Green Medical Centre is located in a residential area of Crawley and provides primary medical services to approximately 6,700 patients.

There are two GP partners and three salaried GP (three male, two female). The practice also currently has one male locum. The GP partners are full time, and the salaried GPs collectively cover 17 sessions per week. The practice is registered as a GP training practice, supporting medical students and providing training opportunities for doctors seeking to become fully qualified GPs.

There are three female members of the nursing team; one nurse practitioner, one senior practice nurse and one health care assistant. GPs and nurses are supported by the practice manager and a team of reception/administration staff.

Data available to the Care Quality Commission (CQC) shows the practice serves a slightly higher than average number of patients who are aged 75 years or older when compared

to the national average. The number of patients aged 5 to 18 is also slightly higher than average. The number of registered patients suffering income deprivation is below the national average.

The practice is open from Monday to Friday between 8:30am and 1pm for morning appointments, and 2pm to 6pm for afternoon appointments. Between 6pm and 6:30pm a telephone service is offered by the on call duty GP. Extended hours appointments are offered every Thursday between 7am and 8am. Appointments can be booked over the telephone, online or in person at the surgery. Patients are provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

The practice runs a number of services for its patients including; chronic disease management, asthma clinics, diabetes clinics, new patient checks, and holiday vaccines and advice. The practice shares the premises with Crawley Clinical Commissioning Group led services, which enables patients to access additional services from the practice; including a hearing and audiology clinic, ultrasound scanning, weight clinic and dermatology services.

Services are provided from the location of Gossops Green Medical Centre, Hurst Close, Crawley, West Sussex, RH11 8TY.

The practice has a Personal Medical Services (PMS) contract with NHS England. (PMS is one of the three contracting routes that have been available to enable commissioning of primary medical services). The practice is part of the NHS Crawley Clinical Commissioning Group.

# Detailed findings

## Why we carried out this inspection

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

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

## How we carried out this inspection

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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 19 January 2016. During our visit we:

- Spoke with a range of staff including; the two GP partners, one salaried GP, the nurse practitioner, the senior practice nurse, the health care assistant, the practice manager, and four receptionists/administrators. We also spoke with two patients who used the service, including one member of the patient reference group.
- Observed how people were being cared for and talked with carers and/or family members and reviewed 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.
- Made observations of the internal and external areas of the building.
- Reviewed documentation relating to the practice including policies and procedures.

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national patient safety alerts, and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw there had been an incident involving a walk-in patient, referred from elsewhere, who was refused an appointment and directed to call the triage system. Once the patient was triaged and seen, the patient felt that not enough time was given at the appointment. As a result, the senior partner held an emergency meeting with relevant staff and provided clear guidelines on when to accept walk-in patients. It was also planned to commence regular reception meetings and we saw recent minutes to evidence this action. We saw that the practice had held a meeting with the patient to apologise and discuss the actions taken.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. There was also a flow chart in each room providing child and adult safeguarding advice, and outlining the steps staff should follow if they suspected abuse. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Children and adults at risk were identified on the practice computer system using an

alert on their record. 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. Child safeguarding meetings included school nurses and health visitors, and we saw minutes of a recent meeting where cases had been reviewed. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three and all staff to at least Level one. It was noted that some staff had completed additional safeguarding training appropriate to their role. For example, one of the nurses had also completed training at the practice to recognise signs of Female Genital Mutilation.

- Notices in the waiting room and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse practitioner was the infection control clinical lead and we saw evidence of completed training for this role. The nurse attended regular updates and liaised with other local practice nurses to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, the most recent audit completed in June 2015 identified a need for sharps injury posters in treatment rooms, which had been completed.
- The majority of arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw evidence of a recently reviewed prescription control protocol providing systems in place to monitor their use. We were told that blank prescriptions within the reception area were kept locked in cupboards,

## Are services safe?

including from printer trays, when the practice was closed. However, we found that blank prescriptions were not always secure. We were told that treatment doors were always locked during the day, but these were accessed by unsupervised cleaning contractors once the practice was closed. Additionally, during the inspection we observed that one treatment door was not locked at all times, allowing public access to the room and the blank prescriptions.

- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We were told about their medicines review protocol and saw evidence that high risk medicines reviews were regularly completed. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. This nurse received support from the medical staff for this extended role. The practice hosted a monthly lead nurse meeting with other local lead nurses in the area in order to provide clinical supervision. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, however we noted that not all had been signed and dated correctly by a GP and other authorising signatories. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccines after specific training when a doctor or nurse were on the premises. We viewed the PSDs and these had all been completed correctly.
- We reviewed three 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.
- 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.

### 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 and we saw evidence that the practice had recently completed a fire risk assessment in January 2016. The practice had a fire safety policy, carried out weekly testing of fire alarms, and completed 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). We noted the practice had last been serviced for legionella in September 2015 by an external contractor. We saw various comprehensive checklists and almost all actions had been completed, with the exception of two. Therefore it was not possible to evidence that these two procedures to minimise the risk of legionella had been completed.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had a policy and there was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us that annual leave was strictly controlled and that there was a protocol in place, within the staff handbook, that all staff were required to sign to confirm that they understood the requirements. The GPs had a system in place to cover each other's leave in order to minimise the use of locums. Where locums were used we saw evidence that appropriate recruitment checks had been completed prior to their use.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.

## Are services safe?

- The practice had a defibrillator available on the premises. Oxygen was available with an adult mask but the practice staff were not able to locate a children's mask at the time of inspection. 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. All the medicines we checked were in date and fit for use.
- 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 relevant protocols. Information had been used to deliver care and treatment that met the needs of patients. For example, one GP told us about a diabetes and hypertension protocol that has been updated yearly. We saw examples of care that followed NICE guidance, we were told the practice offered dedicated time slots for patients with hypertension, and we saw evidence of completed annual reviews for patients with diabetes.
- The practice had effective methods to deal appropriately with national patient safety alerts, which were cascaded to clinical staff by email or at meetings. For example, a nurse told us that an alert was received informing the practice that a medicine used for the management of urinary frequency, urgency, and incontinence in overactive bladder syndrome, may cause potential long term side effects. The nurse told us that, as a result, each patient who had been prescribed this was seen in order to review their medicines management. We saw that the practice had obtained a list of relevant patients from their computer system, and that a letter had been sent to them inviting them for a review.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example, we saw evidence of concise and informative structured annual reviews completed for patients with long term conditions, such as asthma and epilepsy.

### 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 100% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators were better than the national average. For example, patients with diabetes had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 91% compared with a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% compared with a national average of 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 90% which was better than the national average 84%.
- Performance for mental health related indicators was better than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 97% which was better than the national average of 94%.

Clinical audits demonstrated quality improvement.

- We reviewed five clinical audits completed in the last two years; one of these was a completed audit 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, an audit of inadequate smears was completed in December 2015. The practice reviewed smears taken over two consecutive years and this showed the practice achieved a low percentage of inadequate smear tests (2.28% in 2013/14 and 2.3% in 2014/15, which is below the national average range (5.9% to 11%). To improve services further, the practice

# Are services effective?

## (for example, treatment is effective)

ensured all smear takers had attended an update for a new method of smear testing, and they sent reminder letters and/or text messages to any patients who had not attended their test.

Information about patients' outcomes was used to make improvements such as; one of the nurses told us that a patient with hypertension was reviewed by the practice to ascertain whether the management of their condition could be improved. Due to this review, the medicine frequency was adjusted and as a result the patients' blood pressure stabilised. The nurse told us this medicines management discussion has been used as template for other patients to improve outcomes.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- GPs told us they support personal development and on-going learning, for example the practice encouraged staff to attend continuing professional development events organised by the Clinical Commissioning Group. The practice also closed for half a day every three

months for in-house training. We were also told that hospital consultants were regularly invited to deliver lectures at the practice in order to update and improve the skills and knowledge of GPs.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. The GPs and nurses we spoke with told us they felt encouraged to take responsibility for their own learning and share knowledge with others in the practice.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example, when referring patients to other services. The practice respected when a patient did not want their information to be shared with other persons, if appropriate, such as family members and other NHS organisations. We saw evidence of this in their consent protocol.
- The practice outsourced their referral letters to a separate company that had been approved by the NHS. Due to this process the letters were returned within 24 hours and then checked by a practice staff member before prompt onward sending.

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

The practice attended multi-disciplinary team meetings regularly; this included a six weekly palliative care meeting and attendance at a proactive care meeting every eight

# Are services effective?

## (for example, treatment is effective)

weeks (proactive care is a team consisting of representatives of community agencies). We saw evidence of the minutes for both of these meetings and that care plans were routinely reviewed and updated.

We were also told about the unplanned admissions avoidance process for the top 2% most at risk patients. The practice maintained a list of patients (117) and allocated these patients amongst the team for monitoring. Each patient was referred to the proactive care team in order to provide extra care and support in the community, tailored to their individual needs and to help maintain their independence.

### Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance. We saw evidence that the practice had implemented a comprehensive consent protocol, which provided guidance on the appropriate methods for obtaining consent for a range of procedures.

- 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 recorded on their computer system and monitored through records audits. We also saw examples of the forms that patients were asked to sign, such as; prior to a procedure to insert or remove a contraceptive implant.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and diabetes. Patients were then signposted to the relevant service.

- The nursing team could support patients with long term conditions such as diabetes, hypertension and asthma. COPD. They could conduct cervical smears, blood tests, child immunisations and travel vaccines.
- We saw evidence that the practice had identified patients who may be in need of extra support on separate lists that were recorded on the practice computer system in an easily accessible location. This included dementia patients (44), patients suffering poor mental health (54), newly diagnosed or currently in treatment cancer patients (13) and patients under the unplanned admissions avoidance scheme (117). These were used to alert reception staff to provide appropriate and prompt appointments, and by clinical staff to inform care planning and referrals to relevant services/support.

The practice's uptake for the cervical screening programme was 72% which was comparable to the CCG average of 72% and the national average of 74%. There was a policy to offer text messages and letter reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were higher than CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 96% to 100% and five year olds from 95% to 100%. The senior practice nurse described a recording system she had developed, used to help remind new parents of health services available at the practice for their new baby. This recorded the pregnant mothers due date, in order to ensure the birth of the baby was recognised so that the practice could invite the parents in a timely manner to register the baby, attend for a six week check, and book immunisations. This recording system had been used as a template for other areas at the practice, to deliver a comprehensive and supportive service.

Flu vaccination rates for the over 65s were 67% and at risk groups 42%. These were slightly below national averages (73% and 48% 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. 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

Throughout our inspection we observed that members of staff were courteous, friendly and attentive with patients both in person and on the telephone. The reception area was open; however the waiting area was located away from the reception desk, within a partition. We noted that staff dealt with patients quietly, politely and appropriately. We observed staff assisting patients to their appointment in a polite and discreet manner. Staff told us that a room could be made available should patients want to speak confidentially away from the reception area. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Within consulting rooms we noted that disposable curtains were provided so that patients' privacy and dignity was maintained during examinations, investigations and treatments. Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.

We spoke with two patients, including one member of the patient participation group. 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.

Almost 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. Comments included that the GPs listened and explained treatment, and that reception staff were helpful and polite. Patients also commented that the environment was clean and hygienic. There were four cards that included less positive comments; Two stated that there was sometimes a long wait for their appointment and one that it was not easy to get an appointment. One patient described an on-going complaint about a medicines error and one commented they did not feel they were given enough time for their appointment. These less positive comments did not align with results from the national GP patient survey.

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

- 94% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 85% and national average of 87%.
- 87% of patients said the GP gave them enough time (CCG average 84% and national average 87%).
- 97% of patients said they had confidence and trust in the last GP they saw (CCG average 94% and national average 95%).
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 81% and national average 85%).
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90% and national average 90%).
- 84% of patients said they found the receptionists at the practice helpful (CCG average 82% and national average 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 on the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 83% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 77% and national average 81%)

## Are services caring?

- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83% and national average 85%)

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

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

We noted information in the waiting room could be improved to meet the needs of the local population. There was a lack of information to tell patients how to access support groups and organisations, as well as advertise the clinics at the practice. For example, the number of patients aged 0 to 18 was slightly higher than average when compared to national averages. However we did not see advertisement of the immunisation clinic or sexual health clinic, and there was no information on issues affecting young people or the local services available to support them.

The practice maintained a list of 174 carers. The practice's computer system alerted GPs if a patient was also a carer and their information was also in a book at reception to alert receptionists for appointment booking. New carers contact details were passed to a local support group who contacted them to offer additional support. Written information was displayed in the waiting room to direct carers to the various avenues of support available to them.

Staff told us that the practice did not have a formal protocol for supporting families that had suffered bereavement. However, they maintained a list of patients that had recently died in order to complete administrative processes and to ensure support was provided to the family when requested. Staff also told us that terminally ill patients receive a needs assessment and the practice offered them and their families' additional support.

# 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 extended appointments every Thursday morning between 7am and 8am for working patients who could not attend during normal opening hours. Telephone consultations were also available.
- There were longer appointments available for patients, for example those with a learning disability, dementia or poor mental health.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Appointments were offered to patients with no fixed address.
- Patients were able to receive travel vaccines available on the NHS.
- The practice ran a dementia identification service. The senior practice nurse conducted dementia screening, tests and referrals to the Memory Clinic. The practice held a separate list of the patients and they were prioritised for appointments. We saw evidence that GPs conducted regular reviews of these patients. We were also told that each patient had a care plan in place, providing details of next of kin and also lasting power of attorney and consent for access to records by the next of kin for whenever the need arose.
- There were disabled facilities, baby changing facilities, a portable hearing loop and translation services available. Patients in the waiting room were alerted to their appointment audibly and visually on the digital display. A digital check in screen was also available.
- There was a lift available to patients and staff within the practice, along with automatic access doors.
- The practice ran a number of clinics, including a dedicated joint injection clinic to meet the needs of its patients, particularly those with arthritis and patients with multiple conditions who were unable to have surgical interventions.

- The practice shared the premises with Clinical Commissioning Group led services, which enabled patients to access additional services from the practice; including a hearing and audiology clinic, ultrasound scanning and dermatology services.

### Access to the service

The practice was open from Monday to Friday between 8:30am and 1pm for morning appointments, and 2pm to 6pm for afternoon appointments. Extended hours appointments were offered every Thursday between 7am and 8am. Appointments could be booked over the telephone, online or in person at the surgery. Patients were provided information on how to access an out of hours service by calling the surgery or viewing the practice website.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, appointments were available on the day through the practice triage system that was facilitated by a duty GP and a nurse every day. We spoke with the senior nurse who triaged calls and viewed the triage protocol. Appointments were made available for the morning and then further appointments for the afternoon. Urgent appointments were available all day for patients that needed them, for example children below one year old were automatically seen, or those with symptoms that had been deemed an emergency by the practice in line with their triage protocol. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

During our observation of patient bookings at the reception desk, we noted that pre-bookable appointments were offered within a week unless the patient requested a named GP. A nurse appointment was available within a week.

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

- 70% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 70% and national average of 75%.
- 59% of patients said they could get through easily to the surgery by phone (CCG average 68% and national average 73%).

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

- 49% of patients said they usually get to see or speak to the GP they prefer (CCG average 42% and national average 60%).

The practice told us that the telephone triage system was well received by patients and they tried to educate patients on the busiest times. They hoped this would help patients to minimise their waiting time to get through on the phone.

There were three CQC comment cards that included less positive comments regarding access to the service; two stated that there is sometimes a long wait for their appointment and one that it is not easy to get an appointment. The results from the national GP patient survey were comparable or better to local and national averages for these areas:

- 67% of patients felt they don't normally have to wait too long to be seen (CCG average 56% and national average of 58%)
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 82% and national average 85%)

## Listening and learning from concerns and complaints

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

- The complaint 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 information available in the waiting room and on the practice website to help patients understand the complaints system.

We looked at four complaints received in the last 12 months. These were investigated in detail, with transparency and openness. We saw that the practice sought feedback from an external medical legal defence organisation who had reviewed the practice's response to complaints. The practice held regular meetings where complaints were discussed to ensure that lessons were learned, and action was taken as a result to improve the quality of care. We saw evidence of minutes from a meeting in January 2016 where the practice had reviewed eight complaints and the subsequent actions taken. For example, a complaint was received regarding the prescriptions process. We saw minutes of a meeting where the practice had discussed the complaint and, as a result, implemented a new procedure for the collection of prescriptions. We saw evidence of the practice prescription protocol and observed the system at the reception area.

# 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 and staff knew and understood the values. They told us it was available to them electronically.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- We found details of the aims and objectives values in their statement of purpose. This included that they aim to; understand and meet the needs of patients, involve patients in decision making, and ensure all members of the team have the right skills and duties to carry out their role competently.

### 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.

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- We reviewed a number of practice specific policies that were implemented and available to all staff. These included a whistleblowing policy, chaperone policy and a confidentiality policy. The practice also had a staff handbook that all staff were required to sign, which included information on equal opportunities, the grievance procedure and health and safety. Staff knew where to find these policies and confirmed their understanding of them.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The practice had a comprehensive and up to date Business Continuity Plan accessible to all staff electronically. We saw this had last been updated July 2015.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings every six months. We saw evidence of the minutes from the last full staff meeting in July 2015, which included topics on; changes within the practice, significant events, and complaints. The most recent meeting was held in January 2016 (the minutes were not yet available).
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

# Are services well-led?

Good 

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

- The practice had gathered feedback from patients through the patient national GP patient survey, the friends and family test, NHS choices reviews, a comments box in reception, and complaints received. They had also sought patient feedback in February 2015 using a comprehensive survey. We saw the results of this survey on the practice website and overall scores on a poster in the waiting room.
- The practice had a virtual patient reference group (PRG). The PRG are a group of patients who work together with the practice staff to represent the interest and views of patients so as to improve the service provided to them. We spoke to one of the three PRG members who told us the group was mainly virtual, with occasional communication. They felt there was a lack of engagement from the practice with the PRG and felt they would benefit from more communication. We were told the PRG had made an effort to encourage more members, with support from the practice, by the use of notices in the waiting room and on the digital display. Meetings were held with the practice manager and senior partner present, but the group had not met for

more than five months. We were told they felt a lack of engagement from the practice recently. For example, the group had suggested a practice newsletter to include information for patients about the flu season and when the flu clinics were held. However, the PRG member was told this could not be completed due to the surgery having a lack of resources.

- The practice had gathered feedback from staff through annual away days, for which the practice closed. We saw minutes from the last day held in September 2015 that included a variety of topics including safeguarding, QOF and practice procedures. 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked closely with other practices in the area to share best practice and learning.

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<br>Family planning services<br>Maternity and midwifery services<br>Surgical procedures<br>Treatment of disease, disorder or injury | <p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p><b>We found that the registered provider had not always ensured that effective processes were in place to assess and address the risks to the health and safety of staff and patients receiving care or treatment:</b></p> <ul style="list-style-type: none"><li>• We found that the registered provider had not always ensured that effective systems were in place to assess the risks to the health and safety of service users of receiving care or treatment and had not always done all that was reasonably practicable to mitigate such risks.</li><li>• We found that the registered provider could not demonstrate that all Patient Group Directions (PGDs) were completed correctly and in line with legislation.</li><li>• We found that the practice could not demonstrate that they had a robust method for securing and tracking prescription forms at all times.</li></ul> <p>This was in breach of regulation 12 (1) (2) (a) (b) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> |