

The Harvey Practice

Quality Report

18 Kirkway
Broadstone
Dorset
BH18 8EE
Tel: 01202 697307
Website: www.theharveypractice.co.uk

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

Ratings

Overall rating for this service	Good	
Are services safe?	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 The Harvey Practice on 01 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- 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, patients requested anti-bacterial hand gel in the waiting area next to the check-in screen. This was provided by 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 on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- 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.
- The practice had a clear vision which had quality and safety as its top priority.

We saw several areas of outstanding practice:

- The practice was proactive in the care provided for patients over 75 years of age. A GP conducted weekly ward rounds in nursing homes. A dedicated GP was employed to provide proactive case management for patients over 75 years of age. The practice had plans in place to conduct weekly reviews of patients with the input of a specialist doctor in elderly medicine.
- The practice was proactive at improving diabetes outcomes for patients. The lead practice nurse for diabetes conducted educational sessions for clinical

Summary of findings

and support staff working in the nursing homes which the practice supports. Joint clinics were also run with the lead nurse and GP for diabetes and a diabetes specialist nurse every 6-8 weeks.

- The practice had a system in place to ensure that all referrals to secondary or tertiary services made by GPs were peer reviewed for appropriateness and content. This improved the quality and consistency of referrals.

However, there were areas of practice where the provider must make improvements:

- The practice must ensure that appropriate recruitment checks for locums employed by the practice are consistently undertaken.

There were also areas of practice where the provider should make improvements:

- The practice should review its processes for proactively identifying patients who may also be carers and ensure they receive appropriate support.

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.

- 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 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.
- Risks to patients were assessed and well managed, with the exception of recruitment checks for locums.

Requires improvement



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. For example, the percentage of patients with physical and/or mental health conditions who had their smoking status recorded in the preceding 12 months was 96% compared to a national average of 94%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as 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.

Good



Summary of findings

- 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.

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 (CCG) to secure improvements to services where these were identified. For example, the practice engaged with the CCG to operate a 'Winter pressure' initiative, where the practice opened at weekends from 10am to 6pm for the months of December, January and February.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



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.
- 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

Good



Summary of findings

openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population, including the use of tools to identify those patients most at risk.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a dedicated GP to support patients who were over 75 years of age.
- A GP conducted weekly ward rounds in three large nursing homes that the practice supports.

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 percentage of patients with diabetes, whose HbA1c (a test of the average blood sugar reading over three months) was in the acceptable range in the preceding 12 months was better than the national average. The practice achieved 84% compared to a national average of 77%.
- 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 delivered education sessions on long-term condition management and support to staff working in nursing homes.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of accident and emergency attendances. Immunisation rates were high for all standard childhood immunisations.
- The percentage of patients diagnosed with asthma who had an asthma review in the last 12 months was 74% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82 %, which was comparable to the national average of 82%.
- The practice had developed specific information and advice leaflets for women receiving contraceptive implants and devices.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered extended hours and telephone appointments to those who could not attend the practice in usual opening hours.
- The practice had developed a brief intervention clinic for patients who were concerned about their alcohol intake.

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 patients, travellers and those with a learning disability.

Good



Summary of findings

- The practice offered two reviews a year to all patients with a learning disability. These were offered as home visits as appropriate.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice offered support with making social care referrals to patients who identified themselves as carers. However, only 1% of the practice population were registered as carers.

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).

- 80% 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 percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 93% compared to a national average of 89%.
- 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 contributed to the setting up of a community 'dementia café'.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 238 survey forms were distributed and 146 were returned, which is a response rate of 61%. This represented approximately 2% of the practice's patient list.

- 93% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 99% said the last appointment they got was convenient, compared to a CCG average of 94% and a national average of 92%.
- 94% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a 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 15 comment cards which were all positive about the standard of care received. Patients commented upon how friendly and professional staff were, upon the high standard of care they felt they received and that they valued being able to speak to a doctor on the same day. There was one negative comment relating to the practice telephone system during peak times, which was felt difficult to get through to the practice on. This did not align with the views of the patient survey or from patients we spoke with on the day of inspection.

We spoke with eight patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us how they felt privileged to be registered at the practice.

The Harvey Practice

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Harvey Practice

The Harvey Practice is located at 18 Kirkway, Broadstone, Dorset BH18 8EE. The practice is based in an urban area of Poole and provides services to patients living in the Broadstone, Merley and Corfe Mullen areas of East Dorset. The practice provides services under a NHS General Medical Services contract and is part of NHS Dorset Clinical Commissioning Group (CCG). The practice has approximately 11,700 patients registered and is situated in an area of low deprivation and low unemployment compared to the averages for England. The practice population has a higher proportion of older patients and a lower proportion of working aged patients compared to the averages for England. The practice population has a higher number of patients with a long-standing health condition compared to the national average. A total of 63% of patients registered at the practice have a long-standing health condition compared to the national average of 54%.

The Harvey Practice has a branch surgery three miles away at 81 Merley Lane, Merley, Dorset BH21 3BB. The management of both locations is organised at The Harvey Practice. Patients are able to make appointments at both locations. We did not visit the branch surgery as part of this inspection.

The practice employs three male GP partners, three female GP partners, and two salaried GPs one of whom is female and one is male. The GPs work across both The Harvey Practice and the branch surgery. Together, the GPs provide care equivalent to just under five full time GPs over 69 sessions per week. The GPs are supported by one full-time Nurse practitioner, who is a non-medical prescriber. Three practice nurses and two health care assistants also provide a range of services to patients. Together the nurses are equivalent to just over two full time nurses. The clinical team are supported by a management team including secretarial and administrative staff. The practice also supported individuals working in the modern apprenticeship scheme. The practice is a training practice for doctors training to be GPs and a teaching practice for medical students. At the time of our inspection, there were two GP registrars (trainee GPs) who were supported by the practice.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available between 8.30am and 12pm and again from 2pm to 6.30pm daily. Extended hours appointments are offered every Monday and Tuesday between 6.30pm and 8pm. The practice telephone lines and reception desk are open between 8am and 6.30pm. The Harvey Practice have opted out of providing out-of-hours services to their own patients and refers them to the treatment centres at Poole General Hospital, Longfleet Road, Poole, via the NHS 111 service.

The practice offers a range of additional in-house services to patients including antenatal care, midwifery, travel advice, physiotherapy, psychology, counselling, dermatology and chiropody. The practice offers online facilities for booking of appointments and for requesting prescriptions.

Detailed findings

We visited the Harvey Practice site at this inspection. The practice was previously been inspected by the Care Quality Commission in June 2014 and was found to be compliant.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff, including GPs, GP registrars, a practice manager, a practice nurse, receptionists, administration staff and professionals linked to the practice. 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 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, a young patient who lived with someone whose immune system was not working fully was given a nasal vaccine instead of receiving the medicine by injection as recommended. Advice was sought and actions were put in place to ensure the risk of infection was minimised by the family and staff in the practice. The event was discussed at practice meetings and it was decided that a revised list of questions would be developed for health care assistants to ask before giving vaccines to ensure this didn't happen again. We found this had been implemented.

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. 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. Safeguarding was a standing item on the agendas of monthly meetings and actions to improve safeguarding procedures were implemented. For example, following a case review the practice implemented a system to identify children who were

under five years of age who had missed two appointments. Once identified, this prompted the registered GP to contact the family to determine if further support was needed. GPs always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room and clinical areas 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 was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and quarterly checks of the practice for infection control risks were also conducted. We saw evidence that action was taken to address any improvements identified as a result. For example, it was identified that the sink in the nurse's treatment room required a new seal. Work was conducted to replace the seal.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as a non-medical prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for

Are services safe?

production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.

- The practice had systems in place to ensure the safety of patients taking repeat medicines and high risk medicines. For example, an alert was added to the practice computer system regarding the repeat prescribing protocol for methotrexate, to ensure patients had regular blood tests.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- The practice used a number of locum GPs employed via locum agencies. We checked files relating to three locums and found that the practice did not hold information on the GP performer's list number or references relating to one of these locums. This meant the practice could not be assured the locum was qualified and competent to work as a locum GP.
- 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 monitored the number of inadequate samples that were taken. Staff received support and training where the number of inadequate smears they had taken exceeded national averages.

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 staff areas 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 that enough staff were on duty. Non-clinical support staff were trained in the various roles required by the practice to ensure they could provide cover in times of sickness and absence.

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. 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 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 100% of the total number of points available, with 8% exception reporting. Data from 2014-2015 showed;

- Performance for diabetes related indicators was similar to the national average. The practice achieved an average of 88% for diabetes indicators compared to a national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice achieved an average of 89% compared to a national average of 84 %.
- Performance for mental health related indicators was similar to the national average. 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the last 12 months compared to a national average of 88%.

This practice was an outlier for QOF clinical targets in 2014-2015 for the prescribing of particular classes of antibiotics. The practice was identified as prescribing more than other practices nationally. The practice prescribing rate was 11% compared to a national average of 5%. This was discussed at practice meetings to examine ways in

which this could be reduced, such as using a peer review system with other practices in the locality. The practice showed us data which shows that after six months, the prescribing rate had now reduced to 8%.

Clinical audits demonstrated quality improvement.

- There had been ten clinical audits conducted in the last two years, eight of which were prescribing audits supported by the Clinical Commissioning Group. All 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 identifying patients with neuropathic pain, a pain caused by damage or disease affecting the nervous system. These patients were reviewed to ensure that 100% received the appropriate medicine and dosage.

Information about patients' outcomes was used to make improvements. The practice was proactive at meeting the requirements for QOF. The QOF registers were checked daily by non-clinical staff to ensure recording was accurate. Clinical staff also used the QOF registers to monitor outcomes for patients. For example, the lead practice nurse had recently reviewed the records of 33 patients with diabetes, aged over 75 who had high average blood sugar readings (HbA1C) to ensure their treatment was optimal.

The practice was proactive at improving diabetes outcomes for patients. The lead practice nurse for diabetes conducted an educational session for clinical and support staff working in the nursing homes which the practice supports in December 2015. The session focused around updates for medicines and dietary advice for patients with diabetes. The practice received feedback from the nursing home that staff felt more confident with regard to supporting patients to make appropriate dietary choices and with regard to portion control. Joint clinics were also run with the lead nurse for diabetes and a diabetes specialist nurse every 6-8 weeks. The clinics started in Autumn 2015; practice data shows that of the 15 patients seen, 73% have improved their blood sugar control.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It 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 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.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place on a monthly basis and that care plans were routinely reviewed and updated. We spoke with professionals linked to the practice, who felt that the MDT meetings were useful and supported good patient care.

The practice had a system in place to ensure that all referrals to secondary or tertiary services made by GPs were peer reviewed for appropriateness and content. Approximately 20 referrals were made each day by the practice; we observed that peer referrals took place on a daily basis and did not delay the referral from being submitted. The practice felt this improved the quality and consistency of referrals made by the practice.

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 records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service or offered in-house support. For example, the practice had developed a brief intervention clinic for patients who were concerned about their alcohol intake.
- The practice referred patients for smoking cessation advice to a local service.

Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 82 %, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme 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. Breast screening uptake was comparable to the Clinical Commissioning Group (CCG) average at 73%. Uptake for bowel cancer screening was higher than the CCG average at 71% (CCG average of 64%).

Childhood immunisation rates were comparable to CCG and national averages. For example, childhood immunisation rates given to under two year olds ranged from 92% to 100% compared to a CCG average of 94-98%. Childhood immunisation rates given to under and five year olds ranged from 98% to 100%, compared to a CCG average of 92-98%.

Flu vaccine rates for the over 65s were 74%, and at risk groups 47%. These were also comparable to CCG and national averages. The practice had increased the uptake of Flu vaccines in at risk groups by 3%, equivalent to 160 additional patients from the previous year. The practice had changed the format of the letter that invited patients to attend to a simple post-card which detailed dates and times of the Flu clinics. The practice had also implemented a text reminder service for patients booked for a Flu vaccination.

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.
- We observed that staff needing to make sensitive phone calls to patients, used a private room.
- Conversations in the reception area could be overheard by people in the waiting room. The practice used background noise via a television set playing health information system to minimise this issue. The practice had consulted with the patient reference group to explore ways of minimising this for patients. 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 15 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. 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:

- 90% said the GP was good at listening to them compared to the CCG average of 92% and national average of 87%.
- 92% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%.

- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 89% said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% said the last nurse they spoke to was good at treating them with care and concern compared to a national average of 90%.
- 94% said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 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 above local and national averages. For example:

- 96% said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 86%.
- 96% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 92% and national average of 89%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and national average of 81%.
- 95% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

The practice told us that less than 1% of their population had English as a second language. Staff told us that translation services were available for patients who did not

Are services caring?

have English as a first language. We saw notices in the reception areas informing staff on how to access this service, however this was not clearly publicised for patients in the waiting areas.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations. A range of information leaflets were also available in English for patients.

The practice's computer system alerted GPs if a patient was also a carer. The practice used a specific form to help identify which patients were also carers. The practice had identified approximately 1% of the practice list as carers.

This is lower than national figures. Written information was available to direct carers to the various avenues of support available to them. The practice had a 'carers lead' whose role it was to update resources for carers, liaise with the Clinical Commissioning Group about the needs of carers and to maintain the carers register in the practice. The practice contacted carers on the register on an annual basis to offer them a health check and determine if they needed further support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had operated a 'winter pressure' service over the months of December 2015, January and February 2016. The practice opened on Saturdays and Sundays from 8am to 6pm in this period to provide access to GP services for patients registered in the practice area and surrounds.

Approximately 130,000 patients had access to this service. Patients were referred via the NHS 111 service. A total of 145 patients were seen by the practice in this time. The practice was also involved in setting up a monthly memory café in the community, aimed at supporting people with memory problems and their carers.

- The practice offered extended hours on a Monday and Tuesday evening until 8.00pm aimed at 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 other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately/ were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12pm every morning and 2pm to 6.30pm daily. Extended surgery hours were offered every Monday and Tuesday from 6.30pm until 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent on the day appointments were also available for patients that needed them.

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

- 85% of patients were satisfied with the practice's opening hours compared to the national average of 73%.
- 92% of patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 93% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 76%.

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

Listening and learning from concerns and complaints

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

- 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. Information was available in the practice leaflet and welcome packs.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice received a complaint relating to a diagnosis of prostate cancer. This was discussed at the practice meeting. Key practice staff met with the patient to offer an explanation and reassurance. The practice arranged a urology update for relevant staff.

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 which 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

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff told us there was a clear line management structure. We saw that line managers met regularly, and discussed any concerns raised by staff.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient reference group (PRG) and through surveys and complaints received. There was an active PRG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PRG suggested that patients may need more information on local services and the different roles of health professionals. This was included in the practice newsletter and on the website.

- 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. For example, non-clinical staff expressed a wish to have a new uniform. This was discussed with staff and agreed upon before being provided by the practice. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

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 part of local pilot schemes to improve outcomes for patients in the area. The practice

had engaged with the Clinical Commissioning Group to discuss areas where improvements for elderly people could be made. One of the areas to be piloted is conducting ward rounds in the nursing homes that the practice supports alongside a consultant in elderly medicine.

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 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure that recruitment procedures were established to ensure the persons employed had the qualifications, competence, skills and experience necessary for the work performed by them.</p> <ul style="list-style-type: none">• Not all locum staff had received appropriate recruitment checks. The practice could not be assured all locums were competent, safe and appropriately qualified. <p>This was in breach of regulation 19 (1)(b) (2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>