

# Beaconsfield Medical Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12

### Detailed findings from this inspection

Our inspection team	13
Background to Beaconsfield Medical Practice	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Beaconsfield Medical Practice on 16 February 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. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- 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.
- Data from the GP survey and the practice's own internal survey was consistently high. This included access to appointments and the care they received. Patient feedback demonstrated that the practice was performing higher than average in a number of areas.

In particular, where patients were able to see their preferred GP the practice scored 14% higher than the local average and 22% higher than the national average.

- The practice's clinical and public health performance in relation to QOF was consistently high, with many areas scoring higher than the local and national areas. This meant that patients with long term conditions were being monitored appropriately.
- 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.
- Feedback from patients was strongly positive and general satisfaction was high.
- 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 they had implemented a privacy screen at the reception desk and had made changes to parking to

# Summary of findings

make it easier for patients to park. Members of the patient participation group told us they felt valued by the practice and that the practice as a whole was proactive about gaining patient's views.

- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group having achieved 100% in many of the QOF clinical domain indicator groups. Data showed that performance was higher than average for many long-term conditions. More patients with mental ill health had a comprehensive care plan documented in their record than the local average.
- The practice was involved in research trials and studies, the partners had written research publications and we saw that findings from audits had been used to improve services.
- Data from the National GP Patient Survey showed patients rated the practice higher than others for almost all aspects of care.

We saw the following areas of outstanding practice;

- The practice had both evening and weekend extended access appointments available for patients who were working during the day.
- Care for patients with long term conditions was consistently high and the practice had consistently achieved high QOF scores. Specific initiatives to support patients with long term conditions included customising templates to record review information, moving chronic obstructive pulmonary disease (COPD) reviews to the summer so that patients had standby treatment in advance of the winter months and running a virtual consultant led diabetic clinic for patients with poor control.
- There was a culture of research, teaching and the use of evidence-based practice to improve the quality of care for patients.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- 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.
- One of the GP partners had co-authored an article on avoiding medical errors in general practice. This article was published in July 2015 and explored diagnostic and prescribing errors and advocated an investigative approach to dealing with errors to reduce them.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- The practice had a culture of using audits to improve patient outcomes and prioritised areas of risk. We viewed examples of full cycle audits and ongoing audit activity that had led to improvements in patient care and treatment.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group (CCG) having achieved 100% in many of the QOF clinical domain indicator groups. For example, the practice scored higher than CCG and national averages in both

# Summary of findings

asthma and chronic obstructive pulmonary disease performance indicators. The practice also scored higher than CCG and national averages for five out of six public health domain indicator groups.

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. This included sharing knowledge and experience through the publication of research articles and the practice involvement in developing best practice.

## 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 almost all aspects of care. For example 91% stated the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 84% and the national average of 87%.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. For example GPs and nursing staff took the time to telephone patients who they knew were vulnerable in situations where they thought the patient needed additional support.
- We observed staff treating patients with kindness and respect and every effort had been made to maintain patient dignity and confidentiality.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patients' needs. For example, they were actively involved with other practices and the CCG in developing local proactive care support for patients considered to be vulnerable.
- 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

Good



# Summary of findings

participation group. For example, they changed the parking system at the practice to ensure the car park was only for the use of patients and staff and they built a screen in reception to improve privacy at the reception desk.

- The practice offered flexible services to meet the needs of its patients. For example, they offered evening appointments on a Monday and weekend appointments on a Saturday morning specifically for patients who struggled to attend due to work.
- Patients told us they always managed to get an appointment when they needed them and many told us they would see their usual GP. The GP patient survey results showed that 81% of patients reported being able to see or speak to their preferred GP which was 14% higher than the CCG average and 22% higher than the national average.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

- The practice had a clear vision with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this. The practice strategy and business plan included areas such as succession planning and managing future retirements of GPs.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The GP partners and practice manager had identified areas where communication could be improved and had addressed this by meeting more regularly with nursing staff.
- Feedback from staff and patients consistently included that the practice was very well run.
- The practice proactively sought feedback from staff and patients, which it acted on. Staff told us a staff room had very quickly been developed from a discussion that had arisen during a practice meeting. The patient participation group met regularly with the practice manager and a partner GP. Members

Good



# Summary of findings

of the PPG we spoke with were very positive about the management and leadership of the practice. The PPG worked closely with the practice to collect and review feedback from patients, working together to take action to continuously improve the service.

# 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nursing staff were aware of their most vulnerable patients and we saw evidence of phone calls and follow up appointments for patients who required additional support.
- The practice worked closely with local nursing and care homes and had undertaken a project to reduce antibiotic prescribing for urinary tract infections for patients in nursing homes in line with new national guidance.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetes performance indicators were similar to both CCG and national averages. In 2015 the practice held a pilot community diabetes 'virtual clinic' with a consultant diabetologist from the local trust. This enabled them to review patients with poor diabetic control and provide additional support and treatment to those patients.
- Performance was higher than average for many long-term conditions. For example, the percentage of patients with COPD who had a flu immunisation was 91% which was 11.3% above CCG average and 9.5% above national average.
- The practice moved chronic obstructive pulmonary disease (COPD) reviews to the summer months so that patients had standby treatment in advance of the winter months.
- The practice used customised templates to record information consistently for patients with a long-term condition.
- Longer appointments and home visits were available when needed and patients we spoke with told us they were easily able to book a longer appointment if they needed to discuss more than one issue.



# Summary of findings

- 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. Single annual reviews were available for those patients who were on more than one disease register.

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice provided medical support to a local community service and worked with multidisciplinary teams to ensure safeguarding activities and practices followed best practice. Regular monthly audits of safeguarding records ensured all safeguarding concerns were followed up.
- 71.5% of patients on the register with asthma had had a review in the last 12 months compared with 75.2% locally and 75.3% nationally. The practice were in the process of carrying out reviews of patients who had been taking high doses of asthma medicines as a result of a national review of asthma deaths identifying these patients as high risk.
- 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.
- 85% of women aged 25 or over had received a cervical smear in the preceding five years compared to 82% of women nationally.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice had a full range of contraceptive services available.
- We saw positive examples of joint working with other services. For example the practice had a visiting community midwife who ran a clinic at the practice every week and who met with the practice staff to share information about families identified as being vulnerable.

## 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).

Good



# Summary of findings

- 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.
- Extended hours appointments were available on a Monday evening and Saturday morning at the practice. In addition further extended hours appointments were available at a neighbouring practice every weekday evening and weekend morning for patients unable to attend during normal working hours. This was a part of a locally run project for patients in Brighton and Hove.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group. Health promotion and screening was provided that reflected the needs of this age group. For example smoking cessation and weight management support
- The practice was participating in a pilot with the Sussex Musculoskeletal Partnership to help promote self-management for patients with musculoskeletal conditions.

## People whose circumstances may make them vulnerable

The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. They identified patients at risk of an unplanned admission to hospital and ensured they had a personalised care plan and annual review.

- The practice offered longer appointments for patients with a learning disability. Annual health checks were provided by the lead GP for learning disabilities and one of the practice nurses.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice provided GP services to a local women's refuge and they liaised with key workers and the wider multidisciplinary team to ensure a coordinated care package was available for each woman and her family.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

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

Good



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

- 78.9% of patients with mental ill health had a comprehensive care plan documented in their record. This was 11.2% above the local average and 1.7% above the national average.
- The dementia diagnosis rate was similar to local and national averages. The practice referred patients presenting with memory impairment to the Memory Assessment Service (MAS) and one of their GPs had a special interest and was a lead GP for MAS.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing above local and national averages. 263 survey forms were distributed and 116 were returned. This represented 1.1% of the practice's patient list.

- 82% found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 76% and a national average of 73%.
- 96% were able to get an appointment to see or speak to someone the last time they tried (CCG average 88%, national average 85%).
- 85% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 73%).
- 88% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

The practice carried out their own internal patient survey with support from the patient participation group. Results

were high in terms of patient satisfaction with 98% stating they were satisfied with their care, 98% stating they were treated with dignity and respect and 96% stating they would recommend the practice.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 20 comment cards which were all positive about the standard of care received. Key themes identified in the comment cards were the high regard patients had for staff and the service they provided. Specific comments about the service were that it was 'exemplary', 'second to none' and that 'staff could not improve the service'. Comments about staff included 'Doctors are brilliant', 'nurses are lovely', and 'communication between staff is really good.'

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

# Beaconsfield Medical Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Beaconsfield Medical Practice

Beaconsfield Medical Practice offers general medical services to people living and working in Brighton.

The surgery has seven partner GPs (male and female) and one salaried GP. The practice is a training practice and had a GP registrar, foundation doctor and medical students placed with them at the time of our inspection. There are three practice nurses and three healthcare assistants, plus nursing students on placement and two phlebotomists. In addition the practice has a total of 21 administrative and reception staff. There are approximately 10,200 registered patients.

The practice is open between 8.00am to 6.00pm Monday to Friday. Between 6.00pm and 6.30pm telephone lines are open for emergencies. Appointments are from 8.00am to 6.00pm daily. Extended surgery hours are offered between 6.30pm and 8.00pm on a Monday and between 8.30am and 10.30am on a Saturday. Additional extended hours appointments are available through a local project, held at a neighbouring surgery between 6.30pm and 8.00pm weekdays and every between 8.00am and 2.00pm every

Saturday and Sunday. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are also available for people that needed them.

The practice population has marginally higher than average proportion of elderly patient over the age of 85. They have a lower than average percentage of patients with a long term health condition and a lower than average proportion of patients who are unemployed.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from the main practice location at;

175 Preston Road,

Brighton,

BN1 6AG

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

## 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

# Detailed findings

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 that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses and administrative staff, and spoke with patients who used the service. In total we spoke with 23 staff and nine patients.
- Observed how people were being cared for and talked with carers and/or family members
- 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.

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 are provided for specific groups of people and what good care looks 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 learnt were shared to make sure action was taken to improve safety in the practice. For example, significant events were discussed in relevant clinical and practice meetings. Minutes of meetings recorded the learning points identified and we saw evidence that this learning was used to improve practice.

One of the GP partners had co-authored an article on avoiding medical errors in general practice. This article was published in July 2015 and explored diagnostic and prescribing errors and advocated an investigative approach to dealing with errors to reduce them. We saw that this approach was reflected within the practice, with errors and significant events investigated, analysed and learning used to improve practice. For example, we saw that all administrative staff had been involved in information governance discussions around ensuring extra care was taken when sending information to external agencies.

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 who undertook a monthly review of all safeguarding risks and concerns. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. Staff had attended both child safeguarding training and safeguarding training in relation to vulnerable adults. GPs were trained to Safeguarding level three for children.

- The practice held safeguarding clinical meetings where clinical staff discussed safeguarding concerns, significant events and learning from case studies reviewed at local safeguarding board meetings.
- The practice had undertaken an audit of the quality and quantity of child safeguarding information as a result of training attended by the safeguarding leads within the practice. As a result of this audit the practice had agreed the use of standard read codes on the electronic patient record system to ensure consistency.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check) or had a risk assessment in place. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best

# Are services safe?

practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. 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 production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a GP or nurse were on the premises.

- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.

## Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly.
- The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control

and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw that regular water temperature checks were carried out in line with the risk assessment.

- The practice manager carried out annual risk assessments of all areas in the practice and we saw that daily checks were recorded including those relating to fire safety and walkways within the building.
- 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.

## 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 lead nurse was a basic life support trainer and carried out regular training and skills updates for staff. In addition they carried out regular resuscitation test scenarios to evaluate the practice's ability to respond.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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 peoples' 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 98.1% (4.9% above CCG average and 3.4% above national average) of the total number of points available, with 10.4% exception reporting which was similar to local and national reporting rates. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the CCG and national average at 89% compared to 89.5% (CCG) and 89.2% (national).
- The percentage of patients with hypertension having regular blood pressure tests was similar at 89.2% compared to the CCG average of 87.7% and national average of 90.5%
- Performance for mental health related indicators was better at 100% compared to the CCG (89.5%) and national averages (92.8%).

Clinical audits demonstrated quality improvement.

- We saw seven clinical audits that had been completed in the last year, all of these were completed audits

where the improvements made were implemented and monitored. For example, we viewed a full cycle antibiotic prescribing audit for patients presenting with a sore throat where the results showed that prescribing improved as a result of changes implemented.

- The practice agreed their audit plans as part of their clinical meetings in response to areas of risk, concern or high activity. For example, we saw that they were currently undertaking a review of all patients taking high doses of asthma medicines as a result of a national review of asthma deaths identifying these patients as high risk.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had been accredited as a research practice since 2011 and a member of the Clinical Research Network (Kent, Surrey and Sussex) affiliated to the National Institute of Health Research (NIHR). The lead GP and practice research nurse were trained in the principles of good clinical practice for research by NIHR.
- At the time of our inspection the practice were involved in four research trials and studies, including those relating to patients with atrial fibrillation and a risk factor of stroke and factors influencing the likelihood of the development of diabetes in certain people, looking at genetic and environmental factors.
- We viewed three research publications that had been written by partners in the practice in the last two years. This included a case report on the use of hypnotherapy to control pain, avoiding medical errors in general practice and therapeutic examination in primary care.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit of antibiotic prescribing for patients with a suspected urinary tract infection saw the practice sharing information about national guidance with local care homes they supported.

There was an emphasis on early identification, prevention and treatment within the practice which was reflected in lower than average numbers of emergency hospital admissions. For example, emergency cancer admissions per 100 patients on disease register between January and December 2014 were 5.5 compared to the national average of 7.4. The number of emergency admissions for 19 ambulatory care sensitive conditions per 1,000 populations was 10.4 compared to 14.4 nationally.

### Effective staffing

# Are services effective?

## (for example, treatment is effective)

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

- The practice had a comprehensive induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Regular probationary reviews were included in induction plans for all new staff.
- 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, through regular updates and by access to on line resources and discussion at practice meetings.
- Nursing staff carried out peer to peer reviews on each other's practice. For example, by observing wound care techniques or reviewing the documentation of patient notes.
- 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, first aid 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. The practice used templates for communicating with out of hours providers when necessary, for example, for patients with palliative care needs.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. They had comprehensive procedures in place for obtaining and recording consent.
- 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.
- Clinical staff we spoke with had a good understanding of best interest decision making where a patient had been assessed as lacking capacity.

### Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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 lifestyle issues. Patients were then signposted to the relevant service.
- Smoking cessation and weight management advice was available from the practice with additional services available via referral if necessary.

The practice's uptake for the cervical screening programme was 84.8% which was higher than the national average of 81.6%. 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 example, by providing booking an interpreter for a patient who did not speak English so that they could discuss screening. The lead nurse undertook a monthly audit of cervical smears, including uptake so they could identify patients who were not attending for appointments. 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 comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 75% to 97% and five year olds from 58% to 61%.

Flu vaccination rates for the over 65s were 69.54% compared to the national rates 73.24% and at risk groups 49.69% compared to 52.29% nationally. The practice were working with the patient participation group to raise awareness of their flu clinics and had begun to expand their work in identifying carers with the intention of offering more patients flu vaccinations.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

The practice had achieved higher than average scores in relation to public health indicator performance within five of the six conditions/measures. These included blood pressure monitoring, prevention of cardiovascular disease, cervical screening, contraception and smoking.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During our inspection we saw that staff were courteous and very helpful to patients and treated them with dignity and respect. We saw that staff greeted patients as they entered the practice and they were helpful in person and to patients they spoke to on the telephone.

The practice took steps to ensure that patients felt comfortable within the practice. For example;

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff offered to speak with patients away from reception if they wished to discuss sensitive issues or if they appeared distressed. The practice had put in place a privacy screen at reception and patients were asked to wait the other side of this until reception was clear.

All of the 20 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. Patients also told us they were given time to discuss their issues and that they felt listened to. Specific comments were repeated by a number of patients completing the cards. These included statements relating to the high quality service, good communication, high regard for staff and excellent care.

We spoke with three 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 in many areas of consultations with GPs and nurses. For example:

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 91% said the GP gave them enough time (CCG average 84%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 95% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 92%).
- 95% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

The practice had a philosophy of 'partners in care' where patients and staff work together to ensure the most appropriate care was provided. 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. One patient we spoke to told us they had been able to access an extended appointment when they had a number of concerns they needed to address. Patients also told us they felt able to make informed decisions about their care and treatment and that all staff encouraged them to do so. 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:

- 89% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 82% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%)
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83%, national average 85%)

## Are services caring?

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. Patients we spoke with told us that staff were supportive when they needed it. For example, one patient told us their GP called them within an hour of arriving home from hospital following a cancer diagnosis to check that they had support.

Nursing staff told us they would telephone vulnerable patients to follow them up if they had concerns about their wellbeing. For example, we viewed the records of one patient who cared for their husband who had dementia and saw that regular phone calls from nursing staff were recorded.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.3% of the practice list as carers. The practice had identified that identifying carers was an area that could be improved on and was in the process of arranging training for staff in this area. They had also added it as a question to their patient questionnaire. Information was displayed for carers in the waiting area including a number of support groups and services available. One carer we spoke with told us that they felt their GP looked at them 'as a whole person'. They said that the GP had given them the time to discuss their life outside of being a carer and that the GP had signposted them to sources of information that might be useful. As a result the carer told us they had signed up to do an online university course.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time 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. For example they had been working on a project within a cluster of four local practices with the CCG to deliver proactive care to patients living in vulnerable circumstances within the locality.

- The practice offered a 'Commuter's Clinic' on a Monday evening until 8.00pm and on a Saturday morning between 8.30am and 10.30am for working patients who could not attend during normal opening hours. In addition the practice was able to offer extended hours appointments through a local project on weekends between 8.00am and 2.00pm and on weekday evenings between 6.30pm and 8.00pm.
- There were longer appointments available for patients with a learning disability and we saw that annual reviews for patients with a learning disability were undertaken by a GP and nurse during a joint appointment / visit.
- Home visits were available for older patients and 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.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had undertaken a project with local art college students to improve signage and layout within the practice.
- There was a lift installed within the practice.

### Access to the service

The practice was open between 8.00am to 6.00pm Monday to Friday. Between 6.00pm and 6.30pm telephone lines were open for emergencies. Appointments were from 8.00am to 6.00pm daily. Extended surgery hours were offered between 6.30pm and 8.00pm on a Monday and between 8.30am and 10.30am on a Saturday. Additional extended hours appointments were available through a local project, held at a neighbouring surgery as part of a local initiative between 6.30pm and 8.00pm weekdays and

every between 8.00am and 2.00pm every Saturday and Sunday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages and significantly higher in relation to patients feeling able to see or speak to the GP they prefer.

- 80% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 82% patients said they could get through easily to the surgery by phone (CCG average 76%, national average 73%).
- 81% patients said they always or almost always see or speak to the GP they prefer (CCG average 67%, national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them. These comments were reflected in the comment cards we received. The practice told us they reviewed appointments several times a day and that flexibility was built into the schedule of the duty doctor to enable them to be as responsive as possible. Patients consistently told us they could get appointments fairly easily and many told us they found the online appointment booking service to be easy to use. We viewed NHS choices feedback and saw that one patient commented how they had phoned at 5.00pm on a Friday and had been given an appointment 30 minutes later.

### 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 in the form of an information leaflet.



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

We looked at 18 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. We also saw that 15 compliments had been reviewed as part of a review of feedback that included complaints. The practice reviewed all clinical complaints every three months as part of partner meetings with information cascaded and relevant staff involved. Non-clinical complaints were reviewed as part of quarterly learning sessions. Lessons were learnt from concerns and

complaints and action was taken to as a result to improve the quality of care. For example, we saw that patients who had complained about changes to the parking system had been supported when dealing with a new parking company. The practice had also ensured that they shared information with patients in different ways and formats to try and make sure all patients were aware of the parking changes. For example, the information was shared by letter, a poster in the waiting area and on the practice website.

# 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 mission statement was “to combine the traditional values of continuity of care and family medicine with the latest evidence-based information and modern technology, in order to provide the best possible service and quality of care for our patients, and run an efficient business in which all members of the team feel valued and respected.”
- Staff were engaged with the aims and values of the practice and demonstrated a genuine commitment to providing high quality and compassionate patient care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored by the partners as part of twice yearly reviews. The business plan included planning for the future in terms of staffing, including the future retirement plans of current partners and options for managing this.

### 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
- A range of practice specific policies and operating protocols were implemented and easily accessible to all staff. All policies and protocols we reviewed were current and had been reviewed in the 12 months prior to our inspection. They reflected best practice and supported staff to carry out the scope of their roles.
- A comprehensive understanding of the performance of the practice was maintained
- There was 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 seven 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. GPs had special interests and additional qualifications in a range of areas. For example, one GP was an academic fellow within the local medical school and GPs had additional training and skills in areas such as women’s health and paediatric health. Nursing staff had additional training and skills in areas such as sexual health and palliative care.

The partners and the practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. One example was that staff had raised with the partners that they would like a dedicated staff area within the practice. The partners and practice manager consulted with staff on this and a staff area was developed. Staff we spoke with cited this as an example of how they felt valued by the partners and the practice manager.

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. Opportunities to improve the service was recognised and acted on.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, provided explanations and verbal or written apologies as appropriate. The practice offered patients affected by significant events or complaints the chance to attend the practice and meet with the practice manager and one of the GP partners.
- 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 said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about



# Are services well-led?

Good 

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

how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for service improvements to the practice management team. For example, the PPG had been involved in changes to the parking at the practice as a result of the practice car park being used by non-patients. In addition the PPG had worked with the practice to improve the privacy within the waiting area by consulting with patients about the use of a screen at reception.
- The practice had gathered feedback from staff through team meetings and appraisals and general discussion.

Staff told us they would not hesitate to give feedback or 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 part of local pilot schemes to improve outcomes for patients in the area.

- The practice was involved in the local proactive care initiative that saw practices working with the CCG to develop local cluster groups to work together and provide services for patients living in vulnerable circumstances. This involved regular meetings with practices within their cluster group, sharing of information and knowledge and planning to meet the needs of their specific patient groups.
- There was a strong emphasis on evidence based practice with the practice participating in research and GP partners producing articles for national publications.
- The practice actively planned audits and areas of study and many of these addressed areas of improvement for the whole practice rather than specific conditions. For example, they had carried out an audit of safe practice in relation to safeguarding and had published articles in relation to medical errors and pain management.