

# Rockliffe Court Surgery

## 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?		Outstanding	
Are services well-led?		Good	

# Summary of findings

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## Overall summary

### GOOD

We carried out an announced comprehensive inspection at Rockliffe Court Surgery on 22 September 2015. 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 to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice had initiated positive service improvements for its patients that were over and above its contractual obligations.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they met patient's needs.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- 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.

# Summary of findings

- Staff demonstrated they supported patient's emotional and social needs and recognised they were as important as patient's physical needs. Care needs were assessed and care was planned and delivered following best practice guidance.
- The practice demonstrated they were acutely aware of their population groups and responded to context. They focussed on the challenges faced by a rural community and planned their services around this.
- The practice responded and was engaged with notable local groups and stakeholders.

We saw a wide range of outstanding practice, examples of which included:

- The practice supported patients to live healthier lives through a targeted and proactive approach to health promotion and prevention of ill health. The practice was actively involved in the local community; they had reached out to them to promote better health. For example, they had a stall at the village Fayre annually and had invited Healthwatch to contribute to raise patient awareness of services. The practice had also engaged with a local charity and organised medicine pots to place in patient's homes (Message in a bottle project). These contained care plans so that emergency health services knew where to find this relevant patient information if they visited.

- The practice offered an e-mail consultation service. Patients using the electronic consultation usually received a response within one working day.
- The practice had taken numerous locally available opportunities to implement service improvements and manage delivery challenges to its population. For example they had collaborated with the local parish church to arrange a volunteer service for delivery of medicines in the rural area. The practice was also working with a new village charity to set up a befriending service for patients who needed it and could refer their patients in for extra support if they were vulnerable.
- A named GP had completed additional training with regard to autism to help ensure responsive and proactive care to adults with autism spectrum disorder in supported living. The GP had implemented a health promotion regime in diet and exercise that had resulted in the residents who lived there losing weight.

## Letter from the Chief Inspector of General Practice

**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?

#### GOOD

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

#### GOOD

The practice is rated as good for providing effective services. Our findings at inspection showed that systems were in place to ensure 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. Data showed that the practice was performing highly when compared to neighbouring practices in the Clinical Commissioning Group. The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

Good



### Are services caring?

#### GOOD

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for almost all aspects of care. Feedback from patients about their care and treatment was consistently and strongly positive. We observed a patient-centred culture. Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. Views of external stakeholders were very positive and aligned with our findings.

The emotional and social needs of patients were seen as important as their physical needs.

A large proportion of the patients told us that staff went the extra mile and that the care they received exceeded their expectations.

Good



# Summary of findings

## Are services responsive to people's needs?

### OUTSTANDING

The practice is rated as outstanding for providing responsive services. The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure service improvements where these had been identified.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on 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 the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

The involvement of other organisations and the local community was integral to how services were planned. The practice provided multiple examples of working with other organisations and the local community to demonstrate how the practice offered additional services to the community. For example the practice engaged with local charities to improve services to their patients. The practice had also implemented a leg ulcer clinic to enable patients to be treated closer to home.

Outstanding



## Are services well-led?

### GOOD

The practice is rated as good for being well-led. It had a clear vision and strategy. 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 were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people OUTSTANDING

Outstanding



The practice is rated as outstanding for the care of older people. Nationally reported data showed that outcomes for patients were above average for conditions commonly found in older people, for example diabetes. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice offered a daily walk in surgery. The practice had engaged with external stakeholders and local charities to improve services offered to older people.

### People with long term conditions OUTSTANDING

Outstanding



The practice is rated as outstanding 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. Longer appointments and home visits were available when needed. These patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

People with long term conditions were offered the service the practice had initiated with a local charity, that of a medicine pot kept in their home with their care plan details available to health care professionals who visited them at home.

Performance indicators for patients with diabetes were better than the national average.

### Families, children and young people OUTSTANDING

Outstanding



The practice is rated as outstanding for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way

# Summary of findings

and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses.

The practice had responded to the suggestions by the PPG and provided a play room for children and their parents and carers. The practice had taken the opportunity to provide a notice board in the room to share information with parents about health promotion, for example childhood immunisations. There was also a dedicated teenage notice board.

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

### **OUTSTANDING**

The practice is rated as outstanding 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 walk in surgery was available every morning and the practice had also implemented an extended hour's surgery starting at 7.30am twice weekly. These services were highly valued by the patients in the comments cards that we received and in the patient survey scores.

The practice offered an e-mail and a telephone consultation service which was particularly useful to patients in this group. Patients using the electronic consultation usually received a response within one working day.

**Outstanding**



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

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

### **OUTSTANDING**

The practice is rated as outstanding for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. It offered longer appointments for people with a learning disability.

**Outstanding**



# Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told 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 had a supported living home for adults with autism nearby and one of the GPs had received further training to increase knowledge and skills for this population group. We were told that in order to maintain continuity of care the same GP visited the home regularly. The GP had close links with the psychiatrist who cared for the patients. Most healthcare was offered at home to meet the care needs of this group.

One of the GPs had implemented a system which had been adopted across the wider area whereby a person subject to a Deprivation of Liberty Safeguard (DoLS) was flagged up on the system when they were seen by a health care professional.

The practice had engaged with several local charities to improve services for vulnerable people. An example of this was the implementation of a befriending service.

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

### OUTSTANDING

The practice is rated as outstanding for the care of people experiencing poor mental health (including people with dementia). 83% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

A named GP had received extra training with regard to mental health problems experienced in autism and elderly care. The GPs also attended meetings at the nearby mental health unit. Patients with mental health problems were included in the care plans in a medicine pot scheme with a local charity.

Outstanding





## Summary of findings

The practice undertook proactive case finding for new dementia diagnosis. The practice had done a recent audit which had demonstrated that all patients on the dementia register had been investigated and referred appropriately.

# Summary of findings

## What people who use the service say

The national GP patient survey results published on 4 July 2015 showed the practice was performing above local and national averages. There were 124 responses and a response rate of 48.6%. Data showed that access to appointments was above CCG and national average. For example;

- 89.2% found it easy to get through to this surgery by phone compared with a CCG average of 66.5% and a national average of 74.4%.
- 94.8% found the receptionists at this surgery helpful compared with a CCG average of 88.4% and a national average of 86.9%.
- 82.9% with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and a national average of 60.5%.
- 90.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 83.6% and a national average of 85.4%.
- 95.4% said the last appointment they got was convenient compared with a CCG average of 92.7% and a national average of 91.8%.

- 87.8% described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73.8%.
- 74.6% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 69.3% and a national average of 65.2%.
- 78% felt they did not normally have to wait too long to be seen compared with a CCG average of 64.2% and a national average of 57.8%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were all positive about the standard of care received. We also spoke to three members of the PPG. Patients were particularly happy with the appointments system and the quality of care they received.

The results for the Friends and Family test in September 2015 showed that 100% of patients were extremely likely to recommend the practice. Results from August 2015 showed 86% of patients were extremely likely to recommend the practice and 14% were likely to recommend the practice.

# Rockliffe Court Surgery

## 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 Rockliffe Court Surgery

Rockliffe Court Surgery is located in Hurworth which is a rural village near Darlington, County Durham. It has a practice list size of 5497 and a Personal Medical services contract. The majority of patients are of white British background. The practice has two GP partners (both female) and a salaried GP (male). There is a Nurse Practitioner, Practice Nurse, Health Care Assistant and Phlebotomist. The practice has a dispensary. There are dispensing staff, administrative staff, receptionist and a Practice Manager.

The practice is open between 8.30am and 6pm Monday to Friday and appointments are available between these times. Extended hours surgeries are offered on Tuesday and Thursday mornings between 7.30am and 8am. There is a walk in surgery every morning between 8.30am and 9.30am.

Patients are able to contact the surgery until 6pm. Patients requiring a GP outside of normal working hours are advised to contact the GP out of hour's service provided by Darlington CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the service users under the Care Act 2014.

## How we carried out this inspection

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

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

We also looked at how well services 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)

# Detailed findings

The inspector:-

Reviewed information available to us from other organisations e.g. NHS England

Reviewed information from CQC intelligent monitoring systems.

Carried out an announced inspection visit on 22 September 2015.

Spoke to staff and patients.

Reviewed patient survey information.

Reviewed the practice's policies and procedures.

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. All complaints received by the practice were entered onto the system and automatically treated as a significant event. The practice carried out an analysis of the significant events in practice meetings.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. We were told that lessons were shared to make sure action was taken to improve safety in the practice, and this was corroborated by the staff although evidence of this was not always apparent in the minutes of the meetings.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Policies were accessible to all staff and clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH), infection control and legionella.
- Appropriate standards of cleanliness and hygiene were followed. 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 drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.
- Recruitment checks were carried out and the four files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For

## Are services safe?

example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.

- 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**

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. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff. 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 carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Data showed the practice was performing highly when compared to neighbouring practices in the CCG. The practice used innovative and proactive methods to improve patient outcomes and it linked with other local providers to share best practice.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 98.9% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/4/2013 to 31/3/2014 showed;

Performance for diabetes related indicators was better than the national average,

For example;

- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA1c was 64 mmol/ml or less in the preceding 12 months was 84% compared to the national average of 78%.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5mmol/l or less is 88% compared to the national average of 82%.

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 100% compared to the national average of 88%.

Performance for mental health indicators was similar or above the national average,

For example;

- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 83% compared to the national average of 84%
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 94% compared to the national average of 86%,
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 100% compared to the national average of 89%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 12 clinical audits completed in the last two years, eight of these had been re-audited where the improvements made were implemented and monitored. Information about patient's outcomes was used to make improvements such as; an audit of patients with gestational diabetes had led to the diagnosis of diabetes and subsequent monitoring and treatment for the patient.

The practice participated in applicable 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 of audit of the number of NHS health checks done at the surgery before and after introduction of a policy found that the number of health checks offered by the practice rose from 97 in 2013 to 286 in 2014 .

### 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 newly appointed non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- 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 these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of GPs. Most 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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Patients who were subject to a Deprivation of Liberty Safeguard (DoLS) had an alert on their records, this had been implemented by the practice and rolled out across the wider area. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a care home, hospital or supported living arrangement only deprives someone of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. The practice ensured that they reviewed this alert regularly.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care

and treatment. This included when people 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

Patients' consent to care and treatment was always sought 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, assessments of capacity to consent were also carried out in line with relevant guidance. The process for seeking consent was monitored through records audits to ensure it met the practice's responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. A counsellor was available on the premises and smoking cessation advice was available. Patients who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 81%, 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 78% to 98%. Flu vaccination rates for the over 65s were 63%, and at risk groups 42%. These were below CCG and national averages and the practice had recognised this



## Are services effective?

(for example, treatment is effective)

and was actively promoting flu vaccinations by ringing patients, offering a Saturday clinic and sending text reminders to try to increase the uptake. They had also raised awareness of this at the village fayre.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed a patient centred culture. Feedback from patients about their care and treatment was consistently and strongly positive. All of the 43 patient CQC 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 also spoke with 3 members of the PPG. They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. Data showed that patients rated the practice higher than others for almost all aspects of care. For example:

- 93% said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 90% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 90% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.

- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 95% patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

Views of external stakeholders were very positive and aligned with our findings.

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

Patients we spoke with told us that health issues were discussed with them and 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 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 88% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%

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. The practice had disabled access. There was a hearing loop.

### 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.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. A notice board was available for carers to ensure they understood the various avenues of support available to them.

## Are services caring?

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.

We were told by the PPG that the community really valued the care they received from the practice and that patients tried to remain on the practice list if they moved house. We

were told by the PPG that staff go way above and beyond their contractual obligations and an example of this was a GP phoning a bereaved patient whilst on holiday to offer condolence and support. We were also told of bereavement support including attendance at a post-mortem enquiry to support relatives. The PPG told us that there was a community spirit in the practice and that patients felt that they were known and valued.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice had initiated positive service improvements for its patients that were over and above its contractual obligations. The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice collaborated with other practices to discuss local needs and service improvements that needed to be prioritised. For example, one of the GPs regularly attended the local Multi-Disciplinary Team meeting where all the practices discuss difficult cases to try and change local systems.

We saw numerous examples which demonstrated how the involvement of other organisations and the local community was integral to how the practice planned their services to meet people's needs and manage delivery challenges. For example;

One of the GPs had recognised that the practice was in a cross boundary site and that services from the two local councils were not the same. She had arranged a meeting between herself and the two local councils in order to streamline social care, this information had also been shared with the wider CCG group.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- There was a walk in clinic every morning from 8.30am to 9.30am which was accessible to all patients of the practice.
- The practice had an early morning clinic for workers and families from 7.30am two mornings weekly.
- On-line consultations were available for patients.
- There were longer appointments available for people who needed them.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The receptionists had picture cards to aid with communication.

- The practice had recently carried out a programme of improvement to the building to improve access.

The practice also provided numerous in house services and tests that would normally be undertaken in hospital. An example of this was the implementation of a leg ulcer clinic in order to help ensure timely treatment.

The practice also considered vulnerable patients with autism in a supported living house and made reasonable adjustments by offering them home visits for treatment and weekly reviews. This was to prevent exacerbations of their condition. We were told that the practice had supported patients with treatment for chemotherapy. This was to make it easier for the patient to access their treatment closer to home.

### Access to the service

The practice was open between 8.30am and 6pm Monday to Friday. The telephone lines were available until 6pm after which the out of hours service was available. Appointments were from 8.30am to 6pm daily. Extended hours surgeries were offered on Tuesday and Thursday mornings from 7.30am to 8am. There was a walk in surgery every morning Monday to Friday at 8.30am to 9.30am. Urgent appointments were also available for people that needed them. The practice offered telephone and online consultations.

Patients told us it was easy to get an appointment with a named GP or a GP of choice, there was continuity of care and urgent appointments available on the same day. Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was considerably higher than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 76%.
- 89% patients said they could get through easily to the surgery by phone compared to the CCG average of 67% and national average of 74%.
- 88% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 74%.
- 75% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 69% and national average of 65%.



# Are services responsive to people's needs?

## (for example, to feedback?)

- 83% Patients with a preferred GP usually get to see or speak to that GP compared to the CCG average of 62% and national average of 60.5%

The practice had liaised with local charities and the parish church to provide extra services for its population over and above its contractual obligation. For example;

- Volunteers delivered medicines to those unable to collect them.
- The practice had liaised with a local charity to organise a system whereby people had medicine pots which contained their care plans, this meant that their care and treatment was accessible to all health care professionals who attended their home.
- The practice had recognised that older patients had not taken up the flu vaccination in previous years and therefore arranged for a new approach this year which included text reminders, a Saturday flu clinic and increasing awareness at the village fayre.
- The practice had also engaged with a new local charity to offer a befriending service to patients who need it.

The practice actively reached out to its local population to deliver health promotion, an example of this was the recent stall at the village fayre. The practice has also liaised with Healthwatch and invited them to join them at the fayre.

The aim of this was to let patients know what Healthwatch could offer them and also enable to the practice to engage with the local community, reaching people who may not access their services frequently.

### **Listening and learning from concerns and complaints**

The practice had a 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 with leaflets at reception and online information available. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled in a timely way.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, reception staff had received further training following a complaint regarding online ordering of prescriptions.

# 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. These 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
- 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, openness and transparency

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

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

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the PPG and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had highlighted a problem with privacy at reception and the practice were implementing a trial of a hatch system.

The practice had also gathered feedback from staff through meetings and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had listened to staff feedback regarding the recent improvements to the building.

### Innovation

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. Examples of this were engagement with local charities and care services across the border.