Ninfield 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?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ninfield Surgery on 15 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- 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 contact a GP with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- To review the system in place for the daily temperature check and recording for dispensary fridges.
- Should analyse QOF returns to assess whether exception reporting could be reduced.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The fridge in the dispensary had maximum and minimum temperatures recorded, all were within the correct range, however, they were not always recorded on a daily basis.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was involved in a recent Clinical Commissioning Group (CCG) initiative to produce concise care plans for those older patients with complex needs. We noted that care plans were personalised and saw that each patient had been involved in writing them.
- Patients said they found it easy to contact a GP, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Summary of findings

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

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

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice were involved in a recent Clinical Commissioning Group (CCG) initiative to produce concise care plans for those older patients with complex needs. Care plans were personalised and each patient had been involved in writing them.
- Elderly patients with complex needs were identified and flagged on the computer records. Any elderly patients with additional needs would be discussed at the monthly multi-disciplinary team (MDT) meetings and their personalised care plans would be shared to facilitate continuity of care.
- The practice had its own dispensary and provided weekly blister packs of medicines to nursing homes and to individual patients where appropriate. Housebound patients could have their medicines delivered by the dispensary.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 77.2% (national average 78%)
- Longer appointments and home visits were available when needed.
- All these patients had a lead 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 lead GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Unplanned admissions in to hospital were discussed at monthly clinical meetings.

Summary of findings

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 82.4% (national average 75.3%)
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 77.2% (national average 81.8%)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with other health and social care professionals.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice provided pre-bookable appointments on Saturday morning
- 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.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice said that they would register patients if they were homeless.

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).

- 87% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months which was above the national average (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 93.5% (national average 89.5%)
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The data shown here is the combined data for Ninfield Surgery and the main Collington Surgery as it cannot be separated. The results showed the practice was performing in line with or above local and national averages. 247 survey forms were distributed and 124 were returned. This represented 1.8% of the combined practices' patient list.

- 74% of patients found it easy to get through to this surgery by phone compared to a national average of 73.3%.
- 86.2% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76.1%).
- 85.5% of patients described the overall experience of their GP surgery as good (national average 85.0%).
- 70.8% of patients said they would recommend their GP surgery to someone who had just moved to the local area (national average 79.3%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 10 comment cards of which nine commented on the standard of care and all were positive. Words used to describe the service included excellent, good, efficient, caring and helpful.

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

Areas for improvement

Action the service SHOULD take to improve

- To review the system in place for the daily temperature check and recording for dispensary fridges.
- Should analyse QOF returns to assess whether exception reporting could be reduced.

Ninfield 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.

Background to Ninfield Surgery

Ninfield Surgery offers general medical services to the people of Ninfield and the surrounding area. There are approximately 2000 registered patients. The practice is able to dispense medicines to its patients living in a one mile radius of the practice.

Ninfield Surgery is a branch surgery of Collington Surgery which has approximately 5000 registered patients. Collington Surgery also has another smaller branch at Windmill Hill. Staff can work across any of the three surgeries with the exception of dispensary staff who work at Ninfield Surgery. Quality Outcome Framework (QOF) data for Ninfield Surgery also includes patients registered at the Collington Surgery and Windmill Hill. The Collington Surgery has previously been inspected and a separate report is available on the CQC website.

The Ninfield Surgery is run by three partner GPs (male) who at the time of the inspection, had just appointed a further (female) partner. The practice is also supported by one salaried GP (female). The practice were also in the process of employing a Nurse Practitioner. They were also supported by three practice nurses, two health care assistants, and a team of receptionists, administrative staff, four dispensers, a finance manager and a practice manager. Nursing staff and reception staff from the main surgery in Collington would cover staff on annual leave.

The practice is a training practice for GP registrars (qualified doctors who are undergoing further specialist GP training) and medical and nursing students from Brighton and Sussex Medical School.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, well women and well man clinics, diabetes clinics, new patient checks and travel health clinics. The practice also carries out minor surgical procedures on the premises.

Services are provided from three locations:

Main Surgery:-

Collington

23 Terminus Road, Bexhill-on-Sea, TN39 3LR

Branch Surgeries

Ninfield

High Street, Ninfield, Near Battle, East Sussex, TN33 9JP.

Windmill Hill

Victoria Road, Windmill Hill, Hailsham, East Sussex, BN27 4SZ

This report only relates to the inspection at Ninfield Surgery.

Opening hours are Monday to Friday 8.15am to 12 am and from 2pm to 6pm. There is extended opening on Saturday mornings from 8.30am to 11.30am, one weekend in four and patients have access to appointments at the Collington site for the remaining three out of four Saturdays. This is for pre-bookable appointments only. When the practice is closed patients are advised to access the 111 service who, if necessary, will contact IC24 an out of hours provider.

Detailed findings

The practice population has a higher number of patients aged between 55 and 85+ than the national average. There is also a lower than average number of patients aged 44 or less. There is a higher than average number of patients with a long standing health condition and slightly higher than average number of patients with caring responsibility or who have health related problems in daily life, The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than average for England.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 15 March 2016 During our visit we:

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

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a nurse discovered a fridge had become unplugged and the temperature had risen above the recommended safe temperature for the storage of vaccines. The nurse had contacted the vaccine manufacturer to obtain advice and action had been taken which had resulted in some of the vaccines being destroyed at the advice of the vaccine manufactures. An in depth investigation was carried out, action taken to prevent a recurrence and all staff were informed of learning points.

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. 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. GPs were trained to Safeguarding level three.
- A notice in the waiting room and all clinical/consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse 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. For example, it had been noted that some of the consultation rooms had carpets. These had all been replaced with washable flooring.
- The arrangements for managing medicines, including emergency medicines and vaccinations in the practice, and the procedures used in the dispensary kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The only exception to this was the fridge in the dispensary. Staff were recording maximum and minimum temperatures but not on a daily basis. We noted that temperatures recorded were within the correct range.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of

Good

Are services safe?

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. The practice had up to date fire risk assessments and carried out regular fire drills. All fire safety equipment was regularly checked and serviced. 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 recently completed a five yearly wiring check and were in the process of having some remedial work done in response to that. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff covered one another whilst taking annual leave,

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. The rooms also had a panic button available.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The QOF results quoted in this report are the combined results for Ninfield and Collington Surgeries as the results for the individual locations cannot be separated out. The most recent published results were 97.4% of the total number of points available, with 11.4% exception reporting.
(Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed:

- Performance for diabetes related indicators of 92.2% was similar to the Clinical Commissioning Group (CCG) average of 93% and national average of 89.2%.
- Performance for mental health related indicators of 100% was better than the CCG average of 97.2% and national average of 92.8%

  Clinical audits demonstrated quality improvement.

- There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The other four were completed first cycles with dates planned for the re-audits.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings from audits were used by the practice to improve services.
- The IT (information technology) lead GP had developed an alert on the computer system. The alert notified the practice of patients potentially at risk of developing Acute Kidney Injury. This was developed after the practice received an alert from NHS England notifying them of three specific criteria which meant patients could be at potential risk. .

Effective staffing

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

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

Good

Are services effective?

(for example, treatment is effective)

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 77.2%, which was a little below the national average of 81.8%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. They ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccines given were comparable to Clinical Commissioning Group / national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 98% to 100% (CCG average 92.3% to 92.7%) and five year olds from 91.8% to 96.7% (CCG average 89.8% to 95.8%).

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

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a notice explaining this in the waiting room.

All of the 10 patient Care Quality Commission comment cards we received except for one (who did not comment on care) 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.

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 average or a little below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87.8% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87.6% and national average of 88.6%.
- 81.3% of patients said the GP gave them enough time (CCG average 86.1y% and national average 86.6%).
- 94.8% of patients said they had confidence and trust in the last GP they saw (CCG average 94.6% and national average 95.2%).
- 82.9% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85.3%).
- 88.2% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 90.6%).
- 84.1% of patients said they found the receptionists at the practice helpful (CCG average 90.4% and national average 86.8%)

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the comment cards we received was also positive and aligned with these views.

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

- 89.3% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 86% and national average of 86%.
- 87.7% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81.6%)
- 86.3% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85.1%)

Staff told us that translation services were available for patients who did not have English as a first language. A hearing loop was also available in the waiting room and there was a disabled parking bay in the car park.

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.

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation and/or by giving them advice on how to find a support service if appropriate.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice were involved in a recent Clinical Commissioning Group (CCG) initiative to produce concise care plans for those older patients with complex needs. Care plans were personalised and each patient had been involved in writing them
- Patients said they found it easy to contact a GP, with urgent appointments available the same day.
- The practice offered a pre bookable Saturday morning surgery at Ninfield Surgery every fourth Saturday from 8.30am to 11.30am for working patients who could not attend during normal opening hours. On the other three Saturdays in four the patients of Ninfield Surgery could access pre-bookable appointments at the Collington site.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

Access to the service

The practice was open from 8.15am to 12am and 2pm to 6pm Monday to Friday.

The practice ran a Doctor First service. In this system, the patient phoned the practice and the receptionist arranged for the doctor to phone the patient back at an allotted time. When the doctor phoned back a short consultation took place and a decision was made between the doctor and patient as to the best way to manage the issue. If it was felt that a face to face appointment was necessary, then an appointment would be made on the day or, if less urgent, booked for another day. Patients with long term conditions could make an appointment in the same way. Patients could book appointments with the receptionists if a telephone consultation was not appropriate. For example those with hearing difficulties.

Extended surgery hours were offered on every fourth Saturday between 8.30am and 11.30am, in addition to pre-bookable appointments that could be booked up to six weeks in advance. Patients at risk of unplanned admission to hospital had a dedicated phone number that they could contact the practice on.

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

- 78% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 74.1% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 63% of patients said they usually get to see or speak to the GP they prefer (national average 59%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them although one of the patients wasn't keen on the Doctor First system that the practice used.

Listening and learning from concerns and complaints

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

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters displayed in the waiting room and leaflets available to help patients understand how to complain.

We looked at 10 complaints received in the last 12 months and saw that these were satisfactorily handled and dealt with in a timely way. The practice were open and transparent when dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, a complaint was received about a dressing. A

Good

Are services responsive to people's needs?

(for example, to feedback?)

letter of explanation was sent to the patient after an investigation and the member of staff involved was given further training. The issue was discussed in a nursing meeting and the induction process of new clinical staff reviewed.

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 area and staff knew and understood the values.
- As part of their strategy for the future, the practice had placed a bid that was being considered to increase the size of the dispensary and add a clinical room to help improve access. They were also increasing the number of GP and nursing hours available by employing more staff.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through an annual survey that they had commissioned by an independent agency . They were currently awaiting the results of their latest survey. They also monitored suggestions and complaints received. There was a virtual patient participation group (VPPG communicate with the practice via the internet) which was based at the main Collington site. The VPPG suggested improvements to the practice management team which included proposals that could affect Ninfield Surgery. For example, following a survey it was

Are services well-led?

Good

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

agreed to employ two extra part time nurses to help cover holidays at Ninfield and the main surgery at Collington. The practice had also introduced a disabled parking bay in the car park.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice had been involved in a recent Clinical Commissioning Group (CCG) initiative to produce concise, individual care plans for those older patients with complex needs.
- The practice was a training practice for GP registrars and also helped train medical students and nursing students.
- The practice used innovative IT solutions to improve patient care. For example, it had introduced software which gave clinicians, amongst other things, instant access to local and national evidence based care pathways and access to prescribing advice.
- The practice was hoping to increase the size of the dispensary and add a clinical room to help improve access and to be able to employ more staff.