

Bersted Green 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 Bersted Green Surgery on 1 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 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.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We observed the following areas of outstanding practice:

- Care of young people: The business manager gave a presentation to a local sixth form to encourage and support younger patients in joining the patient participation group (PPG) and the practice had developed an information pack specifically tailored for young people with mental health problems who attended the surgery.

Summary of findings

- One of the GPs ran a drop in clinic for homeless patients. This was held at a local homeless centre to encourage homeless patients to attend.

However there was one area of practice where the provider should make improvements:

- Continue to work towards identifying carers from the practice list.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar to Clinical Commissioning Group (CCG) and national averages. For example the diabetes related indicators were 73-93% compared with 80-97% for the CCG and 78-74% nationally. The mental health related indicators were 77-94% compared with 80-96% for the CCG and 84-94% nationally.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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?

The practice is rated as good for providing caring services.

Good



- 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?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Extended hours appointments were available for patients who may not be able to attend the practice during normal hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice was on two floors and a lift was available for those unable to use the stairs.
- The practice conducted regular patient surveys and acted on the results. For example patient survey results generated an increase in the number of phone lines available to patients at busy times.

Are services well-led?

The practice is rated as good for being well led.

Good



- 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.

Summary of findings

- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) had lapsed however the practice was actively engaged in recruiting new members.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The GPs worked with multi-disciplinary teams to develop care plans for older people in order to prevent avoidable, unplanned hospital admission. The care plans were regularly reviewed and were shared with the out of hours and ambulance service to ensure continuity of care.
- The practice employed a paramedic practitioner who visited to older patients with enhanced needs in their own homes or residential care homes. This helped to minimise the number of unplanned hospital admissions. The paramedic practitioner also attended education sessions being held by the community geriatric consultant for care home staff to enable closer working.

People with long term conditions

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

Good



- Performance for diabetes related indicators was similar to the national average. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 73% compared to a Clinical Commissioning Group (CCG) average of 80% and a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a CCG average of 91% and a national average of 88%.
- A specialist diabetes nurse from the local NHS trust ran a monthly clinic from the practice so that patients did not have to attend the local hospital.
- 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.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Summary of findings

Families, children and young people

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

Good



- We saw positive examples of joint working with midwives and health visitors. For example, the community midwives held clinics at the practice which was convenient for the patient and improved communication between GPs and midwives.
- The safeguarding lead for children held quarterly meetings with the health visitor to discuss at risk children.
- A team of reception staff from the practice attended the local university fair for first year students every year to encourage students to register and give information on how to access services.
- The business manager gave a presentation to a local sixth form to encourage and support younger patients in joining the patient participation group (PPG).
- The practice had developed an information pack specifically tailored for young people with mental health problems who attended the surgery.
- 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.
- 78% of patients diagnosed with asthma had had an asthma review in the last 12 months, which was similar to the Clinical Commissioning Group (CCG) average of 76% and the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 79%, which was similar to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A notice in the waiting room welcomed breast feeding and offered privacy to breastfeeding mothers on request.

Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- 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.
- Patients were able to book or cancel appointments on line and order prescriptions online.
- Extended hours appointments and phone consultations were available to accommodate people who may not be able to attend during normal hours.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- One of the GPs ran a drop in clinic for homeless patients. This was held at a local homeless centre to encourage homeless patients to attend.
- 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.
- 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.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was similar to the Clinical Commissioning Group (CCG) and national averages. For example, 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with the CCG average of 90% and the national average of 88%

Good



Summary of findings

and patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 77% compared to a CCG average of 82% and a national average of 84%.

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing below Clinical Commissioning Group (CCG) and national averages. 274 survey forms were distributed and 115 were returned. This represented 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone, which is below the CCG average of 73% and the national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 77% and the national average of 76%.
- 80% of patients described the overall experience of this GP practice as good which is below the CCG average of 86% and the national average of 85%.

The practice had conducted a patient survey in response to the results which were below average. Patients

commented that they were unable to get through to the practice during the first hour of the day to make emergency appointments. In response, the practice had installed a new phone system enabling additional lines. It had also increased the number of staff who were available to answer calls during the busy times.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards which were all positive about the standard of care received and overwhelmingly positive about the attitude and helpfulness of staff.

We spoke with five patients during the inspection. Patients commented positively about staff saying that they were generally friendly, polite and caring. Patients also said they could get appointments that suited them and were happy with the care and treatment that they received.

Areas for improvement

Action the service **SHOULD** take to improve

There was one area of practice where the provider should make improvements:

- Continue to work towards identifying carers from the practice list.

Outstanding practice

We observed the following areas of outstanding practice:

- Care of young people: The business manager gave a presentation to a local sixth form to encourage and support younger patients in joining the patient

participation group (PPG) and the practice had developed an information pack specifically tailored for young people with mental health problems who attended the surgery.

- One of the GPs ran a drop in clinic for homeless patients. This was held at a local homeless centre to encourage homeless patients to attend.

Bersted Green Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team included a CQC lead inspector and a GP specialist adviser.

Background to Bersted Green Surgery

Bersted Green Surgery is located on Durlston Drive in Bognor Regis, West Sussex. The practice provides services for approximately 12,657 patients living within the Bognor Regis area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between GPs, NHS England and the practice where elements of the contract such as opening times are standard. The practice has relatively large numbers of people aged between 20 and 24 and over 65 compared to the national average. Deprivation amongst children and older people is around average when compared to the population nationally. The practice has more patients with long standing health conditions and health related problems affecting their daily lives than the national average, which could mean an increased demand for GP services.

As well as a team of six GP partners and one salaried GP (three male and four female), the practice also employs a nurse practitioner, four practice nurses and three health care assistants as well as a paramedic practitioner. A practice manager and a business manager are employed and supported by receptionists and administrative clerks.

The practice is a training practice for GP trainees and foundation level 2 doctors.

The practice is open between 8am and 6:30pm on weekdays. GP, nurse and paramedic practitioner appointments are available between 8am and 6pm. Extended hours appointments are available to accommodate people who may not be able to attend during normal hours from 7.30am Monday to Friday and until 7pm on Tuesdays. There are phone appointments available with GPs throughout the day according to patient need. Routine appointments are bookable up to two weeks in advance.

The practice operates an extended hours service. Patients are provided information on how to access services outside of these hours on the practice website and on the telephone answering message.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder and injury; maternity and midwifery services; family planning, and surgical procedures.

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.

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 5 February 2016. During our visit we spoke with a range of staff including the practice manager and business manager, GPs, nurses, and reception/administrative staff. We also spoke with patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The practice carried out a thorough analysis of the significant events. The outcomes were discussed in the weekly clinical meetings with clear learning outcomes and action plans recorded.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. We saw a range of incidents recorded that included those relating to clinical and administrative incidents and near misses. Learning outcomes were clearly recorded and shared with the relevant staff and there was evidence that the practice had learned from these events. As a result of a significant event where a patient had received the wrong vaccine the practice implemented tighter systems to ensure this would not happen again. We saw that the practice had issued the patient with an apology.

When there were 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 child protection or child safeguarding level three and nursing staff and the paramedic practitioner were trained to level 2. All other staff were trained to safeguarding level one. The safeguarding lead for children held quarterly meetings with the health visitor to discuss at risk children.
- Notices in the waiting room, at the reception desk and in consulting 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)
- 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. There was a clear schedule in place for cleaning clinical equipment and staff also performed unscheduled checks to ensure this was being undertaken. Infection prevention control guidance was displayed in relation to effective hand washing techniques and relevant staff had been trained on how to use spillage kits. We observed the cleaning cupboard to be unlocked which meant staff and patients could access hazardous substances. This was resolved on the day of inspection and the door locked
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

Are services safe?

- The practice did not hold any controlled drugs on the premises (controlled drugs are medicines that require extra checks and special storage because of their potential misuse).
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

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

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was similar to the Clinical Commissioning Group (CCG) and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 73% compared to a CCG average of 80% and a national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 90% compared with a CCG average of 91% and a national average of 88%. A specialist diabetes nurse ran a monthly clinic from the practice so that patients did not have to attend the local hospital.
- Performance for mental health related indicators was similar to the national averages. For example, 82% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a CCG average of 90% and a national average of 88%

and patients diagnosed with dementia whose care has been reviewed in a face to face review in the preceding 12 months was 77% compared to a CCG average of 82% and a national average of 84%. This was being addressed with the introduction of weekly clinics run by a mental health worker whose role was to contact those who had previously not responded to invites to attend for a review. This service was introduced six months ago and a review of the efficacy was planned.

- The percentage of patients with hypertension having regular blood pressure tests was 83% which was in line with the CCG average of 83% and the national average of 84%.
- The exception reporting was significantly higher than average for asthma (21% compared with CCG average of 16% and national average of 7%), mental health (29% compared with CCG average of 20% and national average of 11%) and osteoporosis (25% compared with CCG average of 19% and national average of 13%). (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). The practice showed us evidence that they were working to reduce their levels of exception reporting This included a review of their exception coding procedures and identifying and following up patients who did not respond to invitations for annual reviews of their needs.
- The practice explained that the exception reporting was significantly higher for patients with osteoporosis due to the high number of patients under the care of a hospital consultant who had chosen not to have routine follow up with the practice.

Clinical audits demonstrated quality improvement.

- We saw evidence of five clinical audits which had been undertaken in the last two years; all of these were completed audits where the improvements identified were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there was an audit of the numbers of patients who had been diagnosed with dementia during a 12 month period. This was considerably lower than

Are services effective?

(for example, treatment is effective)

the Clinical Commissioning Group (CCG) average suggesting there could be undiagnosed patients. The practice reviewed their criteria for identifying at risk groups and subsequently improved their diagnosis rates.

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, staff involved in reviewing patients receiving end of life care had attended a training course delivered by the local hospice.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an individual appraisal within the last 12 months. The practice had also adopted a policy of holding group appraisals in small teams of colleagues in similar roles. This was popular among staff who told us they felt the new system enhanced their team work.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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 meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, 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.

Are services effective?

(for example, treatment is effective)

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

The practice's uptake for the cervical screening programme was 79%, which was comparable to a Clinical Commissioning Group (CCG) average of 83% and a national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. 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 averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 98% (CCG averages from 94% to 97%) and five year olds from 94% to 97% (CCG averages 89% to 96%). National figures were not available.

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

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.
- The practice had music playing in the waiting room and had arranged the chairs to face away from the reception area in order to improve confidentiality in the area. These measures were put in place in response to patient comments. It was not possible for patients to hear conversations at reception while waiting to for their appointments.

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted that staff responded compassionately when they needed help and provided support when required.

The practice conducted regular patient surveys and showed us the results and the action plan related to these. For example patients commented that they were unable to get through to the practice during the first hour of the day to make emergency appointments. In response, the practice had installed a new phone system enabling additional lines. It had also increased the number of staff who were available to answer calls during the busy times.

The patient participation group (PPG) had lapsed and the practice was actively engaged in recruiting new members. A potential lead had been identified and the practice manager had recently given a presentation to a local sixth form to encourage younger patients to join the group.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was better than or in line with Clinical Commissioning Group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. The satisfaction scores for receptionists at the practice were significantly higher than average. For example:

- 90% of patients said the GP was good at listening to them compared to the CCG average of 89% and national average of 87%.
- 93% of patients said the GP gave them enough time (CCG average 87% and national average 87%).
- 95% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 99% of patients said they had confidence and trust in the last nurse they spoke to (CCG average 98% and national average 97%).
- 88% of patients said the last nurse they spoke to was good at explaining tests and treatment (CCG average 90% and national average 90%).
- 98% of patients said they found the receptionists at the practice helpful (CCG average 88% and national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 86%.

Are services caring?

- 81% said the last GP they saw was good at involving them in decisions about their care (CCG average 82% and national average 81%).
- 88% said the last nurse they saw was good at explaining tests and treatments (CCG average 90% and national average 90%).

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

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. The practice had identified 1% of the practice list as carers. It is estimated that around 10% of patients on a GP practice list are carers (a carer is a person of any age who provides unpaid support to a partner, relative, friend or neighbour who couldn't get by without their help). The responsibilities of carers mean they are more likely to suffer from ill health through stress and depression, poor self-care or physical injuries due to incorrect moving and handling. Written information was available to direct carers to the various avenues of support available to them on a display board in the waiting room and in leaflets.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- 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.
- Patients in the waiting room were alerted to their appointment audibly.
- The practice was on two floors and a lift was available for those unable to use the stairs.
- A notice in the waiting room welcomed breast feeding and offered privacy to breastfeeding mothers on request.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. GP and nurse appointments were available between 8am and 6pm with extended hours appointments available to accommodate people who may not be able to attend during normal hours from 7.30-8am Monday to Friday and 6.30pm until 7pm on Tuesdays. There were phone appointments available with GPs throughout the day according to patient need. Routine appointments were bookable up to two weeks in advance.

The practice had worked at tailoring their appointment times to suit patients' needs using patient satisfaction surveys and feedback. 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.

- 90% of patients said the appointment they got was convenient for them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 92%.
- 72% of patients describe their experience of making an appointment as good (CCG average 74% and national average 73%).
- 42% of patients said they don't normally have to wait long to be seen (CCG average 57% and national average 58%).

The practice had developed an action plan in response to any results that were lower than average and responded by making changes. For example in response to the length of time patients have to wait to be seen, the practice reviewed the waiting time for each GP and offered patients earlier appointments with another GP if appropriate. This action was taken through sharing best practice with a neighbouring GP practice. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- 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 including posters and leaflets in the waiting room and reception area.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient complained they had arrived for an appointment and waited in the upstairs waiting room as this had been the location of the previous appointment with the same practitioner. The patient was subsequently late for the appointment, as they had been waiting in the

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

wrong area. A letter was written to the patient apologising for this mistake and the practice installed a display board notifying patients of the location of each practitioner that day so that patients used the appropriate waiting room.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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.

- The practice had a culture of 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, felt confident in doing so and felt supported if they did. We noted team away days were held every three months.
- 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 staff through staff away days and generally 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 and felt the culture was very open. 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. For example the lead GP had been involved in a local end of life care project analysis.