

# Bridge End 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 Bridge End Surgery on 22 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.

- Some patients said they found it difficult to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were available to book but this was in sixteen days.

- 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. This means they must be open and transparent with patients about their care and treatment, including when it goes wrong.
- The practice engaged well with the voluntary sector and the local authority to provide services for patients.

We saw areas of outstanding practice:

The practice had developed the role of a 'veteran co-ordinator' who was a point of contact for veterans registered at the practice who may be in need of extra support.

# Summary of findings

The practice held a register of patients who were at risk of unplanned emergency admission to hospital and these patients were offered an additional weekend service. By being identified as potentially needing extra weekend support, patients were given a dedicated mobile number for telephone consultation or a pre-booked appointment in a nearby surgery.

The practice had a register of patients who were homeless and communicated monthly with the local hostels to keep up to date with this transient patient group.

**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 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.
- The Health Care Assistant had recently won an award for the stop smoking service from the CCG.
- 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.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had supported the Health Care Assistant to complete further training to deliver podiatry sessions.
- Some patients said they found it difficult to make an appointment. There were urgent appointments available the same day for GPs and Nurses. Routine appointments were not available to book for sixteen days. The practice had changed their telephone system and were auditing their appointments system in order to try to rectify this.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

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

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- As part of the 'Improving outcomes scheme' in conjunction with the CCG, the practice held a register of patients who were at risk of unplanned emergency admission to hospital. These patients were assessed by the practice nurse and care provided accordingly.
- Frail elderly patients were able to access a GP at weekends from a rota provided by six local practices. This was from 8am until 6pm on Saturday and Sunday and included telephone consultations and home visits. Any patients identified as possibly needing the service during the week were given a mobile contact number to talk direct to a GP. This service had also been extended to care homes in the area.
- Staff had received extra training in dementia and were 'dementia friends'.

### People with long term conditions

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

Good



- Nursing staff and the GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Patients with long term conditions were seen in their birth month for an annual review.
- 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.
- Nationally reported data for 2014/2015 showed that outcomes for patients with long term conditions were good. For example;

# Summary of findings

- The percentage of patients with diabetes, on the register, in whom the last HbA1c was 64 mmol/mol or less in the preceding 12 months (01/04/2014 to 31/03/2015) was 85% compared to a national figure of 78%.

## Families, children and young people

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 had an asthma review in the preceding 12 months that included an assessment of asthma control was 79% compared to a national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The Practice Nurse had undertaken extended training in sexual health and contraception in order to provide care closer to home. This included the provision of intra uterine devices and contraceptive implants. The practice had developed a protocol for cervical cytology to ensure that staff were clear on the correct guidelines.
- The percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years was 81% compared to a national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice had recently completed the 'investors in children' award to help ensure that they were child and young person friendly.

Good



## 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 reflected the needs for this age group.
- In conjunction with the local CCG the practice offered Saturday morning GP and nurse appointments.
- The practice offered extended hours every other weekend with GP and nurse appointments available. This was available by pre-booking or also by walk-ins. They also offered extended hours three evenings per week until 8pm.
- The Practice nurse had undertaken extra training to provide a cryotherapy service to patients to reduce referrals to secondary care and provide care closer to home.

## 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 those with a learning disability and those who were homeless.
- The practice offered longer appointments for patients with a learning disability, and offered these patients the option of being seen in their own home.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had developed a support network for veterans and held a register of these patients. There was a 'veteran coordinator' who ensured that support was offered to these patients. This included posters with information in the waiting room with links to 'help the heroes' and post-traumatic stress help.
- The practice had a register of patients who were homeless and communicated monthly with the local hostels to keep up to date with this transient patient group.

Good



# Summary of findings

- The practice had identified that the process for patients requiring social housing was not clear and had shared this information with other practices in the area. They signposted patients to the correct process used by most social housing providers in Durham to ensure a more efficient service.

## 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).

- Nationally reported data from 2014-2015 showed 82% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 92% compared to a national average of 88%
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice 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.
- The practice had regular meetings with the local psychiatry service to discuss patient management.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing in line with local and national averages. There were 243 forms distributed for Bridge End Surgery and 114 were returned. This represented a response rate of 47% which equates to 1.3% of the practice list size.

The practice scored lower than average in terms of patients being able to access appointments, however rated the experience of making the appointment as above average. This was also aligned to patient's views on the day. For example:

- 63% of respondents found it easy to get through to this surgery by phone compared with a national average of 73%.
- 77% of respondents describe their experience of making an appointment as good compared with a CCG average of 75% and a national average of 73%.
- 38% of respondents feel they don't normally have to wait too long to be seen compared with a CCG average of 65% and a national average of 58%

Results regarding being included in decisions about care and being treated with care and concern were above local and national averages. For example:

- 94% of respondents say the last GP they saw or spoke to was good at giving them enough time compared with a CCG average of 90% and a national average of 87%
- 90% of respondents say the last GP they saw or spoke to was good at explaining tests and treatment treating compared with a CCG average of 89% and a national average of 86%.
- 94% of respondents say the last GP they saw or spoke to was good at listening to them compared with a CCG average of 92% and a national average of 89%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards and spoke with nine patients, including one member of the Patient Participation Group (PPG). All of these were positive about the standard of care received; however three patients stated they found it difficult to make an appointment. This related to getting through on the telephone. Patients on the day also commented on the difficulty with parking as the car park was quite small. Staff were consistently described as polite, helpful and caring. Patients on the day stated they felt listened to by the GPs and that the practice strove to accommodate them.

# Bridge End 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 advisor, an Expert by Experience and a Practice Manager specialist advisor.

## Background to Bridge End Surgery

Bridge End Surgery is a purpose built GP premises in Chester-Le-Street, County Durham. They have a General Medical Services (GMS) contract and also offer enhanced services for example; extended hours. The practice covers the town of Chester-Le-Street and is situated close to the town centre. Car parking facilities are limited but there are public car parking facilities nearby. There are 8733 patients on the practice list and the majority of patients are of white British background. The practice has a small population of homeless patients as there is a shelter and a YMCA nearby.

The practice is a partnership with five partners, two male and three female. There are two salaried GPs, one male and one female, three Practice Nurses, a Nurse Practitioner and two Health Care Assistants (all female). There is a Practice Manager and a team of 15 reception and administration staff. The practice is a teaching and training practice and regularly has GP Registrars.

The practice is open between 8am and 8pm Mondays, Wednesdays and Thursdays and between 8am and 6.30pm on Tuesdays and Fridays. Extended hours are offered on Mondays, Wednesdays and Thursdays until 8pm and every other Saturday between 8am and 1pm.

Patients requiring a GP outside of normal working hours (after 6.30pm) are advised to contact the GP out of hour's service (111) provided by North Durham CCG.

## Why we carried out this inspection

We carried out a comprehensive inspection of the services under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. We carried out a planned inspection to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services 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 22 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, reception and administration staff, nursing staff and managers and spoke with patients who used the service.
- Observed how patients were being cared for.
- 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:

# Detailed findings

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

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

- Older people
- People with long-term conditions
- Families, children and young people

- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had implemented an amended policy regarding prescribing of oral contraceptives to ensure that they were safely prescribed.

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 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

## Are services safe?

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, 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. The practice had devised a nursing and reception team roles and responsibilities poster so that all staff were aware of who provided which service to patients.

### **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.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 11% 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) Lower exception reporting rates are more positive. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was comparable/better than the CCG and national average. For example:

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 79% compared to a national figure of 78%.

The percentage of patients with diabetes, on the register, who had had the influenza immunisation in the preceding 12 months was 98% compared to a national average of 94%

- The percentage of patients with hypertension having regular blood pressure tests was 82% compared to a national average at 84%.
- Performance for mental health related indicators was similar to the national average; the percentage of patients with physical and/or mental health conditions whose notes recorded a smoking status in the preceding 12 months was the same as the national average at 94%.

Clinical audits demonstrated quality improvement.

- Clinical audits had been completed but most of them were from 2013. We were told that the practice was addressing this and had decided on a programme of audit. First cycle audits had commenced, including one to identify patients at risk of developing diabetes. A second cycle audit (where the improvements made were implemented and monitored) was due in June regarding improvements made to contraceptive pill prescribing.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included implementation of a more robust system to monitor patients on a medicine used to treat coronary artery disease, heart failure, high blood pressure, or kidney disease

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice was proactive in the identification and use of technology with regard to safety and efficiency.

### 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 was 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 quarterly 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 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.

### 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.
- The practice maintained close links with the homeless shelter and YMCA in order to ensure that these patients had accessible health care.
- A dietician was available on the premises and smoking cessation advice was available from the practice. The Health Care Assistant had recently won an award with regard to excellence in helping patients to quit smoking.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The Practice Nurse had undertaken extra training in sexual health and this meant that patients were seen closer to home for this service if required. 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 the local CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% and five year olds from 96% to 99%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

# Are services effective?

(for example, treatment is effective)

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.
- We were told that one of the nurses organised a food parcel for a patient who was in need of this and delivered it during non-working hours.

All of the four patient Care Quality Commission comment cards we received were positive about the service experienced. We spoke with nine patients and they said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some negative comments were made regarding the access to appointments and the fact that it was difficult to get through to the practice by telephone. The practice had recently changed the telephone system in response to patient feedback and we were told that they were looking into further improvements they could make.

We spoke with one member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that there were plans to increase the group and that they would value more regular meetings and feedback. The practice were looking into different ways to provide feedback, for example by email and social media.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice results were above the local CCG and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 94% said the GP was good at listening to them (CCG average 92%, national average of 87%).

- 94% said the GP gave them enough time (CCG average 90%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 98% said they had confidence and trust in the last GP they saw or spoke to (CCG average 97%, national average 95%).
- 98% said they had confidence and trust in the last nurse they saw or spoke (CCG average 98%, national average 97%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

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 national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments (national average 86%).
- 84% said the last GP they saw was good at involving them in decisions about their care (national average 82%).
- 89% said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

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

## Are services caring?

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 a carer's register. 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, they were sent a sympathy card and their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice offered Saturday morning appointments to ease Winter pressures from 8am to 1pm, and also offered extended hours appointments every other Saturday themselves from 8am to 1pm. Both of these clinics offered pre-bookable and walk-in appointments. In response to patient survey results regarding problems with making appointments the practice were in the process of auditing their appointment system to help them become more accessible and flexible.

- The practice offered a weekend service for the Frail Elderly patients, including those with palliative care needs, housebound patients and care home patients. This was a joint initiative between the CCG and the Federation (which consisted of six local practices in the area). This was available from 8am to 6pm Saturday and Sunday and the local GPs were on a rota system to provide telephone consultations and home visits to these patients if required. This helped to prevent any unnecessary hospital admissions. Patients identified by clinicians as needing the service were given a mobile contact number to talk direct.
- The practice offered a 'Commuter's Clinic' on a Monday, Wednesday and Thursday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8am and 8pm on Monday, Wednesday and Thursday, 8am to 6.30pm on Tuesday and

Friday and 8am to 1pm every other Saturday. The surgery had been offering appointments every Saturday over the Winter months but this was due to end as funding had ceased from the CCG from the end of March. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was mainly in line with local CCG and national averages, with the exception of telephone access. For example;

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 63% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 74% patients said that the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the national average of 76%

Four patients told us on the day of the inspection that it was difficult to get through on the telephone to get appointments when they needed them and this aligned with this data.

### Listening and learning from concerns and complaints

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

- The practice's complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system

We looked at 13 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way and with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, following a complaint about medication

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

following a discharge from hospital the practice found that there was a problem with the software system and arranged the company providing the software to do staff training.

# 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
- Policies were implemented and were available to all staff. The practice was in the process of ensuring that policies were accessible on the computer system as they were currently in paper format
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements
- There were 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 people 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 leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings.
- Meetings included those arranged by the nursing team with reception staff to provide clear awareness of roles and responsibilities. This ensured patients saw the appropriate clinician for their needs.
- 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements had been made to the waiting area and a television had been supplied with health information available for patients to view.
- The practice had gathered feedback from staff through staff meetings and appraisals. 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

# Are services well-led?

Good 

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

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 engaged well with the voluntary sector to help ensure the best care for their patients. The practice was a pilot for hosting a 'well-being trainer' who engaged patients in the

reception area with regard to healthy lifestyle information. The practice participated in a weekend initiative for frail elderly patients, the outcomes of this were not yet available as it was a new initiative but the aim was to reduce unplanned admissions to hospital.