

# Marple Bridge 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 Marple Bridge Surgery on 21 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance.
- Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

- The practice offered a fully escorted service through the surgery for patients with limited mobility, sight or hearing. This included collecting prescriptions for the patients and bringing them back to the surgery before the patient left.
- The practice had a robust process, which was carried out every month, to look at causation, prevention and on-going care management of patients who had

# Summary of findings

within the last month been diagnosed with a Cardiovascular Accident (CVA stroke), myocardial infarction (heart attack), cancer or who was reported to have attended hospital as a result of deliberate self-harm. The care of patients who had died was also reviewed at this meeting.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Data showed that 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. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. 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. 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. Patients with limited mobility, sight and hearing were offered fully escorted support through the practice including collecting medicines from the nearby pharmacy. Information about how to

Good



# Summary of findings

complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held monthly meetings where governance was an agenda item. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings, away days and events.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice had a close working relationship with a local nursing home and met with the team regularly to discuss changes to care plans. The practice's patient population who were over 65 years was higher than both national and clinical commissioning group averages at 37.4% according to Public Health England statistics.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions (LTC). Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice population with LTCs was in line with local and national averages at 53.5%. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care

Good



### 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. 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. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. The practice population for under 18 years of age was 32.8% which was higher than both local and national averages.

Good



# Summary of findings

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

Good



The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice 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.

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

Good



The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. It offered longer appointments for people with a learning disability.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours. The practice reviewed all hospital attendance for all vulnerable patients on a monthly basis and ensured their care plans reflected their on-going needs. The practice had a number of patients who were regularly reviewed due to incidents of deliberate self-harm, these patients had a named GP who managed their care and contacted them to offer support as required.

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

Good



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

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and referrals were made to the Improving Access to Psychological Therapies (IAPT) team as required. It had a system in

## Summary of findings

place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing higher than local and national averages. There were 143 responses and a response rate of 55.9%.

- 93% find it easy to get through to this surgery by phone compared with a CCG average of 78.2% and a national average of 73.3%.
- 100% find the receptionists at this surgery helpful compared with a CCG average of 88.9% and a national average of 86.8%.
- 84.3% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 61% and a national average of 60%.
- 96.4% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 87.6% and a national average of 85.2%.

- 98.8% say the last appointment they got was convenient compared with a CCG average of 92.6% and a national average of 91.8%.
- 99.3% describe their experience of making an appointment as good compared with a CCG average of 75.9% and a national average of 73.3%.
- 80.2% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 66.4% and a national average of 64.8%.
- 76.5% feel they don't normally have to wait too long to be seen compared with a CCG average of 60.5% and a national average of 57.7%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Comments included individual comments for staff and overwhelmingly that patients valued the staff and felt very well cared for.

## Areas for improvement

### Outstanding practice

- The practice offered a fully escorted service through the surgery for patients with limited mobility, sight or hearing. This included collecting prescriptions for the patients and bringing them back to the surgery before the patient left.
- The practice had a robust process, which was carried out every month, to look at causation, prevention and

on-going care management of patients who had within the last month been diagnosed with a Cardiovascular Accident (CVA stroke), myocardial infarction (heart attack), cancer or who was reported to have attended hospital as a result of deliberate self-harm. The care of patients who had died was also reviewed at this meeting.

# Marple Bridge Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Marple Bridge Surgery

Marple Bridge Surgery is based in Marple Bridge Village Stockport in a converted church building which is owned by the family of a former partner at the practice. It is part of the NHS Stockport Clinical Commissioning Group (CCG.) Services are provided under a general medical service (GMS) contract with NHS England. The practice is situated on a busy main road with no on street parking but pay and display facilities available directly across the road. The practice has 6450 registered patients.

Information published by Public Health England, rates the level of deprivation within the practice population groups as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. Deprivation affecting children within the practice is rated at 4% compared with CCG averages of 15.7%. Deprivation affecting older people is rated at 8% compared with CCG averages of 17.2%. These results are well below the national averages of 21.1% for children and 18.1% for older people nationally.

The practice population includes a comparable proportion (32.8%) of people under 18 years of age, and a higher proportion (37.4%) of people over the age of 65 years, in comparison with the national average of 31.7% and 26.8% respectively. The practice also has a higher percentage of

patients who have caring responsibilities (28.4%) than both the national England average (18.4%) and the CCG average (20.2%). The practice has a slightly lower rate of patients with health-related problems in daily life (44%) compared with CCG and National averages of 49.9% and 48.7%.

The practice is a partnership GP practice with 4 partners (male and female) one salaried GP and a registrar GP. The practice is supported by three practice nurses and two health care assistants and an administration team lead by the practice manager and her deputy. The practice is a training practice for GP's during their training with an identified training lead GP.

The practice opens from 7.20am to 6pm Monday to Friday and does not close for lunch. The practice offers seasonal flu vaccination through specific clinics, opportunistically and by appointment as patients attend the surgery. Patients requiring a GP outside of normal working hours are advised to contact 111 who will refer them into the out of hours provider Master call if required. After the practice is closed an answering machine informs patients of this process.

The practice provides level access to the building and is adapted to assist people with mobility problems however the path round to the entrance of the building seemed to be quite narrow for wheelchair users. Staff told us patients did not comment on this but they would always offer assistance if needed.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. This inspection was planned to check whether the provider was meeting the legal

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and to look at the overall quality of the service to provide a rating for the service under the Care Act 2014.

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

## How we carried out this inspection

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

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

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

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

Before visiting the practice, we reviewed information we held and asked other organisations and key stakeholders to share what they knew about the practice. We also reviewed policies, procedures and other information the practice manager provided before the inspection. We carried out an announced inspection on 21st October 2015.

We spoke with a range of staff including GPs, the practice administration staff, and six patients. We sought views from patients looked at 42 patient comment cards, and reviewed survey information.

# Are services safe?

## Our findings

### Safe track record and learning

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

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. A number of significant events were shared with us related to incidents that had occurred and action taken to stop a reoccurrence. We saw the practice had recorded an incident where the police had notified them of the unlawful use of one of their prescriptions. They were able to rewind their closed circuit television surveillance and identify the person who had entered an unlocked consulting room and as such identify the person who had stolen the prescription. Following this incident the practice had installed key pad locks on all rooms and had increased monitoring of their prescription sheets and pads. Other events shared with us showed clear lessons learnt and how these had been shared with staff. In another example a blood test on a discharge summary showing anaemia was not clearly marked as significantly different and was not picked up by the GP who read the discharge letter. As well as noting their own error and implementing learning the practice have highlighted this with the clinical commissioning group to see if changes can be made with regards to clarity of new significant changes on patient discharge summaries. They are awaiting a response to this.

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

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse that reflected relevant legislation and local requirements 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 and deputy GP member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- A notice was displayed in the waiting room, advising patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring check (DBS). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. The practice had up to date fire risk assessments, signage in all areas, up to date maintenance logs on all fire extinguishers and there was always a fire marshal on duty to support staff and patients if an evacuation was needed. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. Legionella testing was carried out by the dental surgery who shared the same building in line with the requirements of the lease of the building.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the practice nurses 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

## Are services safe?

staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. All repeat medication changes were coded by the practice so they could be searched for if required. When medication was changed the practice printed off an updated patient record summary and filed this in the patients paper notes so if the computers failed the practice had an up to date summary of patient care and medication.
- Recruitment checks were carried out and the five files we reviewed showed that 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.
- Arrangements were in place for planning and monitoring the number of staff and skillmix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they were flexible and would cover each other's absence if required. GPs told us they planned their holidays together as a team and ensured the surgery always had adequate cover. If cases of unplanned absence the practice had a group of regular locums they could call upon to assist. We saw a comprehensive locum pack was available for locum GPs to assist them during their time in the surgery.
- There was a system in place to record and check professional registration with the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). The practice paid for all the nurses' registration fees with

the NMC and this ensured they were fully registered to practice. We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

- The practice had a collection box for patients to place their specimens into in the reception area this box would benefit from having a secure locking mechanism attached. This would ensure the safety of the contents and prevent inappropriate access to the contents.

### Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room and reception area. We saw emergency medicines and oxygen were available in line with the Resuscitation Council UK and British National Formulary guidelines (BNF pharmaceutical reference book that contains information and advice on prescribing medicines). The practice had an automated external defibrillator (AED). (An AED is a portable electronic device that analyses life threatening irregularities of the heart including ventricular fibrillation and is able to deliver an electrical shock to attempt to restore a normal heart rhythm). There was also a first aid kit and accident book 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. GPs carried a meningitis pack in their home visit bags to assist them if needed. The practice had on two occasions used their meningitis packs within the last 12 months for patients presenting at the surgery. These packs were sealed until used and contained the correct equipment to deal with emergency including a meningitis record card to record observations, times and condition of the patient as required before transfer to the local NHS Trust.

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 100% of the total number of points available, with low exception reporting. This practice was not an outlier for any QOF (or other national) clinical targets. Data from Public health England showed;

- Performance for diabetes related indicators was better than the CCG and national average. Their diabetes admission rate per 1000 of population was lower than the CCG (2.1) and national averages (1.1) at 0.6. Newly diagnosed patients referred to an education programme was 100% compared to CCG averages at 93.5% and national at 84.4%. Performance for diabetes related indicators was 4.6%; lower than the Clinical Commissioning Group (CCG) at 5.9% and the England average of 6.2%. Exception reporting was 3.4% for the practice which was lower than both national and CCG averages (8.9% and 5.9% respectively). 100% of newly diagnosed diabetic patients were referred to an education programme within nine months compared 93.5% for the CCG and 84.4% England average.
- The percentage of patients with hypertension having regular blood pressure tests was above the CCG and national average. (83.1% against 75.1% and 70.4% respectively)

- Performance for mental health related and hypertension indicators was better than the CCG and national average (96.6% against 87.5% and 82.7% respectively).
- Patients diagnosed with dementia who had been reviewed in a face to face consultation in the last 12 months was higher than the CCG and national averages. (89.9% against 86.6% and 77.9% respectively)

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 10 clinical audits completed in the two year, six of these were completed audits where the improvements made were implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, recent action taken as a result included an audit on female patients having Depo-Provera (which is a progesterone only injectable contraception) as a long term contraceptive. Research suggests this contraceptive reduces bone mineral density, a practice GP found one patient had been on the treatment for over six years with nothing documented on her records regarding checks on her bone density. The GP decided to audit all patients on the treatment for over two years to see if there was a record of a discussion with them regarding the risks and benefits particularly with regard to bone density. As a result of this awareness was raised within the practice to record this discussion with patients and nurses referred patients to a consultation with the GP if they had been on the treatment for more than two years.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- The practice had an induction programme for newly appointed clinical and non-clinical members of staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate



# Are services effective?

## (for example, treatment is effective)

training to meet these learning needs and to cover the scope of their work. This included on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision which was informal and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.

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

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. The practice was currently awaiting confirmation of formal MCA training dates for all staff. When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's

mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance. Written consent was gained for all minor surgery procedures and then scanned onto patients electronic records.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. Patients who may be in need of extra support were identified by the practice. All patients with LTC were routinely screened for diabetes to allow the practice to manage their conditions in a timely manner.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 84.2%, which was above the CCG average of 78.5% and the national average of 76.9%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74.6% to 91.4% and five year olds from 90.4% to 94.5%. Flu vaccination rates for the over 65s were 77.2%, and at risk groups 53.2%. These were also comparable to CCG and national averages.

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

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

All of the 42 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with one member of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 98.8% said the GP was good at listening to them compared to the CCG average of 91.5% and national average of 88.6%.
- 97.3% said the GP gave them enough time compared to the CCG average of 91.5% and national average of 88.6%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average of 89.2% and national average of 80.7%
- 95.4% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88.2% and national average of 85.1%.

- 98.7% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92.9% and national average of 90.4%.
- 100% patients said they found the receptionists at the practice helpful compared to the CCG average of 88.9% and national average of 86.8%.

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

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

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

- 96.2% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88.7% and national average of 86%.
- 92.4% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83.9% and national average of 81.4%

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

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 28.4% of the practice list had been identified as carers and were being supported, for example, by offering health checks and referral for social services support. Written information was available for carers to ensure they understood the various avenues of support available to them.



## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. It was responsive to patients' needs and evidence was available demonstrating it was responding to challenges and forward thinking to develop and improve the level of service provided. Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- People assessed as being high risk of admission to hospital or had a diagnosis of dementia had agreed care plans in place which were monitored and reviewed regularly.
- The practice had recently restarted an ear syringing service at the practice. This followed feedback from patients and the patient participation group (PPG) that patients in the area would value this being available locally as opposed to traveling to the local NHS Trust or district nurse clinic. One practice nurse had updated her training to allow this service to restart. Patients told us they welcomed this and found they could get appointments as required to allow them to address issues relating to their hearing in a timely manner as opposed to waiting for an appointment at the NHS Trust district nurse clinic.
- The practice had recently introduced staff name badges again as a result of feedback from the PPG to identify staff and their roles. Patients felt even though they were familiar with the staff it was nice to know their role and title to allow them to direct their comments etc. to the most relevant person.
- All patients were routinely screened for diabetes when having blood tests to allow the practice to diagnose and treat the condition in an effective manner at an early stage.

- Patients who have visual, mobility or hearing impairment at the practice are offered a fully escorted journey through the practice facilities. Patients, when they make appointments are allocated a member of staff who will assist them through their appointment and if needed collect their prescription for them at the chemist. Patients told us this was a very welcomed service as sometimes patients arrive in a taxi and then feel alone and uncertain of where to go. One patient told us his neighbour used this process as she lived alone and if another neighbour could not come with them without this they would have to miss the appointment or have a home visit. Which if they had a home visit this sometimes took away their independence. A wheelchair was also available on the premises for patients requiring to use one; this was fully maintained as suitable for use by the practice.

### Access to the service

The practice was open and appointments available between 7.30am and 6pm Monday to Friday. In addition to pre-bookable appointments that could be booked up to 12 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 largely better than local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 88.8% of patients were satisfied with the practice's opening hours compared to the CCG average of 75.6% and national average of 74.6%.
- 85.8% patients said they could get through easily to the surgery by phone compared to the CCG average of 91.8% and national average of 76.9%.
- 99.3% patients described their experience of making an appointment as good compared to the CCG average of 75.9% and national average of 73.3%.
- 80.2% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66.4% and national average of 64.8%.

### Listening and learning from concerns and complaints

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

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

We saw that information was available to help patients understand the complaints system posters displayed were displayed in the waiting area and a summary leaflet was available. Patients we spoke with were aware of the process to follow if they wished to make a complaint. However none of them had had cause to complain.

We looked at three complaints received in the last 12 months and found these had been handled in a timely, open and transparent manner in line with the practice policy. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, ensuring staff had up to date training to allow them to ensure patients received their online requested medication repeat prescriptions in a timely manner.

# 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. There was an ethos of working together to promote best practice and support personal development. All the staff spoken with were aware of the practice's vision, values and future development and they were enthusiastic and committed to working together to achieve this. The practice had a robust strategy and supporting business plans which reflected the vision and values and these were monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

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

Staff told us that regular team meetings and away days were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. We also noted that team away

days were held every six 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.

The practice peer reviewed records of patients on a monthly basis who had in the last month been diagnosed as having had a cardiovascular accident (CVA), myocardial infarction (heart attack), new cancer diagnosis, hospital attendance for deliberate self-harm or any patient death. The records were reviewed to ascertain if the condition could have been prevented, if the correct referral pathway had been accessed and if any other management could have been more effective both historically and at the time the condition came to light. There was then also a peer discussion to review the ongoing care of the patients to ensure their current needs were appropriately reflected. Alongside this the practice then updated their coding records of the patients to ensure their records reflected actual numbers and that summary care information was available to out of hours services to maintain the patients preferred pathway of care. This process was carried monthly at a clinical meeting to ensure no patients were missed, a GP told us this was supportive process and the team looked in a constructive manner at patient's management and changed pathways if required. This formed part of the clinical team's ethos of looking at causation, prevention and effective care management which was reinforced by all the clinical staff we spoke to.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had requested the 'did not attend;' (DNA) data be displayed in the practice waiting room as lost surgery hours rather than patient numbers as they felt this would have the greatest impact for patients. This had now been done and the practice

# Are services well-led?

Good 

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

manager was currently evaluating if this had made any difference. The practice had also implemented text reminders of appointments to those who had mobile phones to try to address the DNA figures.

The practice had also gathered feedback from staff through annual staff appraisals, through staff away days and generally through staff meetings. 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.

The practice held monthly multi-disciplinary team meetings which encompass the Gold Standard Framework (GSF) meeting. GSF is a supportive framework for patients and family of patients who are nearing the end of their life.

## Innovation

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

The practice was proactive in working collaboratively with multi-disciplinary integrated teams to care for high risk patients. The practice worked closely with the Clinical Commissioning Group (CCG).

When the practice held Saturday morning flu clinics they carried out atrial fibrillation (AF) (fast heart beat) screening for patients who attended the clinics. AF is often asymptomatic and has a high prevalence in the elderly. This screening had been carried out during two flu seasons where patients had their pulse checked and where appropriate had an electro cardiogram (ECG) performed. During this year's flu clinics the practice had detected one confirmed case which was now receiving the appropriate treatment.

The practice recognised future challenges and areas for improvement. Complaints were investigated, reviews of significant events and other incidents were completed and learning was shared from these with staff to ensure the practice improved outcomes for patients.