

# Brunswick Surgery

## Quality Report

Surbiton Health Centre.

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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 Brunswick Surgery on 30 June 2015. Overall the practice is rated as good.

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.

Our key findings were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents. Information about safety was recorded and monitored with actions taken to make improvements when required;
- Risks to patients were assessed and well managed;
- Patients' needs were assessed and care and treatment was planned and delivered following best practice guidance. Staff received training to help them carry out their roles and further training needs were identified and planned;

- Patients told us they were treated with respect and their privacy and dignity were maintained and they were involved in decisions about their care and treatment;
- Information about the services provided and how to make a complaint were accessible to patients and easy to understand;
- Patients told us they found it easy to make an appointment with their preferred GP and that they received continuity of care;
- Appointments were available outside of working and school hours and urgent appointments available on the same day;
- The practice had good facilities and was well equipped to treat patients and meet their needs;
- There was a clear leadership structure and staff felt supported by the partners and
- The practice sought feedback from patients and staff and acted upon it.

We saw several areas of outstanding practice including:

# Summary of findings

- The Practice Nurse holds an angina clinic with a training and education programme, which gave patients the opportunity to understand their condition and learn how to manage and take control of their condition. (This is a service commissioned by Kingston CCG at the Health Centre, and is open to all patients registered in Kingston CCG).

However there were areas where the provider should make improvements:

- Ensure the Patient Participation Group has the opportunity to meet with practice staff.

**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 good for providing safe services.

Staff understood and fulfilled their responsibilities to raise concerns, report and record incidents and systems were in place to support this. Lessons were learned and communicated to all staff to support improvement. Information about safety was recorded, monitored and reviewed. Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated good for providing effective services.

Data showed patient outcomes were in line or above local and national averages. 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, including capacity and promoting good health and lifestyles. Staff had received training to help them carry out their roles and further training was identified with plans to meet these needs. There was evidence to confirm staff received support, supervision and appraisals. The practice worked with other health and social care providers to ensure patients received joined up care.

Good



### Are services caring?

The practice is rated good for providing caring services.

National data showed patients rated the practice higher than local and national averages in all areas of the national GP survey. Patients told us that they were treated with respect and they were involved in decisions about their care and treatment. Information about the services provided was clear and easy to understand. Information about local support services was displayed at the practice and given to individual patients by staff when required. We saw staff spoke to patients in kind and caring ways and respected their privacy and maintained confidentiality.

Good



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

The practice is rated good for providing responsive services.

It understood the needs of the local population and worked with the Clinical Commissioning Group to make improvements to services when they were identified. Patients reported they were usually able to make an appointment with their preferred GP and that there was continuity of care. Urgent appointments were available on the same day, extended hours appointments were provided, and home visits

Good



# Summary of findings

were carried out when required. The practice was in a purpose built health centre and had good facilities to treat patients and meet their needs. Information about how to complain was available to patients.

## Are services well-led?

The practice is rated good for providing well-led services.

There was a clear vision and strategy which staff knew and they understood their responsibilities to achieve this. There was a clear leadership structure and staff felt supported by the partners. The practice had developed the required policies and procedures to govern activity. There were systems in place to monitor and improve quality and identify risk. The practice sought feedback for patients and staff which it acted upon. Staff received inductions, training, supervision, appraisals and attended staff meetings and practice social 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 good for the care of older people.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people. The practice provided a named GP for patients over 75 years. They offered a range of book in advance and on the urgent on the day appointments and home visits were provided when required. They worked with other health and social care providers to ensure patients received joined up care and to avoid unplanned admissions for those at risk. The practice had arrangements with local pharmacies to deliver repeat prescriptions.

Good



### People with long term conditions

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

Nursing staff had lead roles in chronic disease management, they worked with the GPs to provide regular treatment and medicine reviews. The practice offered an angina clinic which included patients attending a 90 minute interview appointment and then four classes to give them information about their condition and education about how to manage it and prevent further deterioration. Feedback from patients about this had been very positive. Systems were in place to call patients with long-term conditions for regular reviews. Longer appointments and home visits were provided when required. The practice worked with other health and social care providers to ensure patients with long-term conditions received joined up care. Clinical staff had lead responsibility for different long-term conditions and used National Institute for Health and Care Excellence and local guidelines to provide most appropriate care and treatment to these patients.

Good



### Families, children and young people

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

The number of patients under 18 was in line with local and national averages. Systems were in place to follow up children living in disadvantaged circumstances and those at risk and the practice met with other health and social care providers to identify and discuss children at risk. They provided urgent on the day appointments and appointments outside of school hours. Rates for childhood immunisations were in line or above the local averages. Patients

Good



# Summary of findings

told us that children and young people were treated in age appropriate ways. The practice was accessible for families with pushchairs and had baby changing facilities. There was a selection of toys available in the waiting area.

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

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

The needs of working age patients were identified and extended hours appointments were provided four mornings and four evenings a week and every other Saturday morning. A range of electronic services were provided to enable patients to book appointments and repeat prescriptions without having to telephone the practice. GPs provided telephone consultations and call backs. A range of sexual health and family planning services were provided. Eighty five per cent of women had attended for their cervical smear test, in line with the national average of 82%. Clinical staff offered opportunistic health advice during appointments.

**Good**



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

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

The practice had registers of patients in vulnerable circumstances including those who were homeless and people with learning disabilities. They provided longer appointments and annual health checks for patients with learning disabilities. They worked with local health and social care services to ensure patients received joined up appropriate care and treatment. Information about local voluntary organisations was available at the practice. Staff completed training in safeguarding and were clear about their responsibilities to record and report concerns.

**Good**



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

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

The practice had a register of patients experiencing poor mental health; 98% had a care plan that was reviewed annually which was above the national average. The practice worked with other health and social care services to refer patients when required and enable patients to receive joined up care. They held three monthly meetings with community mental health teams. Data confirmed

**Good**



## Summary of findings

patients were asked about their alcohol consumption and smoking status. They held a register of patients with dementia and provided annual health reviews. Advanced care planning was used for patients with dementia.



# Summary of findings

## What people who use the service say

We spoke with 18 patients. We looked at results from the GP patient survey for 2015. The practice used the Friends and Family Test to seek patients' views on the service, 98% of patients would recommend the practice to others because of their positive experiences. The practice had carried out their own survey in March 2014 and received 205 responses. Eighty three per cent of respondents rated the practice as good, very good or excellent, which was in line with national figures.

The results from the 2015 National GP patient survey involved 294 surveys being sent out, with 107 returned giving a 36% completion rate. Responses showed:

- 93% of respondents would recommend this practice to someone new to the area which was above the Clinical Commissioning Group (CCG) and national average of 76 and 78%.
- 90% of respondents described their overall experience of the practice as good which was above the CCG and national average of 68 and 74%.
- 99% said they had confidence in the last GP.
- 98 % had confidence in the last nurse they spoke with, both these figures were above the CCG and national averages.
- 79% of respondents were satisfied with the opening hours which was above the CCG average of 73%.
- 89% were able to get an appointment the last time they tried which was above the CCG average of 83% and

- 87% of respondents said it was easy to get through on the telephone, which was above the CCG average of 67%.

As part of our inspection we also asked for CQC comment cards to be completed prior to our inspection. We received 104 comment cards which were all positive about the standard of care and treatment received. Patients reported that staff were kind, caring, helpful, respectful, and sympathetic and the doctors were knowledgeable, understanding, reassuring, considerate, and supportive and gave them enough time. Patients felt confident about the care and treatment they received, they felt well looked after and gave examples of how individual doctors, nurses and staff had helped them over the time they had been registered at the practice. Comments about referrals indicated patients were happy with the process, although some felt they waited a long time for results. Patients made positive comments about the environment saying it was spacious, clean and how they appreciated having a pharmacy on site which was convenient for them. There were a few negative comments, which were all from individuals with no common themes, which included not being able to book appointments further than six weeks in advance, having to wait for test results, difficulties getting early morning and evening appointments, not being able to book appointments with the nurses electronically and individuals having to wait when they attended their appointment.

## Areas for improvement

### Action the service **SHOULD** take to improve

Ensure the Patient Participation Group has the opportunity to meet with practice staff.

## Outstanding practice

- The practice nurse holds an angina clinic with a training and education programme, which gave patients the opportunity to understand their condition

and learn how to manage and take control of their condition. (This is a service commissioned by Kingston CCG at the Health Centre, and is open to all patients registered in Kingston CCG).

# Brunswick Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC inspector. The team included a GP and a practice manager Specialist Advisor and an Expert by Experience. The Specialist Advisors and Expert by Experience were granted the same authority to enter registered persons' premises as the CQC inspectors.

## Background to Brunswick Surgery

The practice operates from Surbiton Health Centre. They have national average numbers of children under 18 years of age and lower than national averages of people aged over 65 and 75 years. They have above the Clinical Commissioning Group (CCG) average of patients aged over 85 years although in line with national average. Fifty five per cent of patients have long standing health conditions, above the CCG and national averages of 46% and 54%. Just over 12% of patients have caring responsibilities which is below the CCG average of 14.6% and the national average of 18.2%. Sixty one per cent of patients are in paid work or full time education, below the CCG average of 68% and in line with the national average of 61%. It is in the second least deprived area of England. The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of: diagnostic and screening procedures, treatment disease, disorder or injury, maternity and midwifery services and family planning.

The practice provides primary medical services through a General Medical Services (GMS) contract. A GMS contract is the contract between general practices and NHS England

for delivering primary care services to local communities. The practice provides a range of services including long term condition management, smoking cessation, family planning and contraceptive services, maternity services, child health surveillance and immunisations to just over 7,200 patients in the Surbiton and Berrylands areas of Kingston.

The practice is a member of Kingston CCG and is one of 27 practices. It comprises of four partner GPs (two male and two female), two part time practice nurses and a part time phlebotomist. There is a full time practice manager and five administrative and reception staff. The practice is a teaching practice for third year medical students.

The practice is open from 8.00am to 6.30pm Monday to Friday. Appointments are available from 7.30am-1.00pm Monday, Tuesday, Thursday and Friday and from 2.00pm-6.00pm Monday to Friday. Extended hours surgeries are provided between 6.30pm and 7.30pm on Wednesdays and 7.30-8.00am Monday, Tuesday, Thursday and Friday and from 8.00am-9.50am on Saturday.

The practice has opted out of providing out-of-hours services to their own patients and these services are provided by the locally agreed out-of-hours provider for the CCG.

The practice has applied to get a new partner registered with CQC and for the practice address to be updated.

## Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme. This provider has not been inspected before and that was why we included them.

# Detailed findings

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

From April 2015, the regulatory requirements the provider needs to meet are called Fundamental Standards and are set out in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

## How we carried out this inspection

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

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

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

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

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 June 2015. During our visit we spoke with 18 patients and received 104 CQC patient comment cards completed by patients during the month before our inspection. We spoke with a range of staff including four GP partners, two nurses, the phlebotomist, the practice manager and four administrative and reception staff. We observed staff interactions with patients in the reception area. We looked at the provider's policies and records including, staff recruitment and training files, health and safety, building and equipment maintenance, infection control, complaints, significant events and clinical audits. We looked at how medicines were recorded and stored.

# 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. Staff were clear about their responsibility to report incidents and told us they would speak with the business manager and complete the electronic incident reporting form. Staff told us the practice operated a no blame culture. The practice carried out an analysis of significant events. We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to ensure improvements to safety were made. For example, after an incident when the panic alarm was used and did not work, a system for this to be checked was instigated across the practice. We saw this was shared with all staff and had been raised with the building manager.

The business manager arranged for GPs to receive emails with updated guidance from the National Institute for Health and Care Excellence. These were brought to clinical meetings for discussion. We saw the recent changes regarding prescribing of Diclofenac had been discussed so GPs prescribed alternative medicines. Systems were in place for patient safety incidents to be reported through the National Reporting and Learning Systems. Medicine alerts were sent to the GPs and discussed at clinical meetings.

### Overview of safety systems and processes

The practice had policies, procedures and established systems in place to keep people safe which included:

- Arrangements being in place to safeguard children and adults from abuse which reflected relevant legislation and local requirements. Policies and information sheets displayed in consultation rooms clearly outlined who staff should contact for further guidance. One of the GP partners was the safeguarding lead for both adults and children. They had completed training to help them in this role and attended regular meetings and reported back to the clinical team. GPs completed reports for safeguarding meetings and said they received feedback to remain up to date. The electronic patient record had a system to indicate when a child was subject to a child protection plan and when a patient was considered a vulnerable adult. Staff demonstrated a clear understanding of safeguarding, understood their responsibilities and had completed relevant training to their role.
- The practice had a chaperone policy and patients were informed of their right to request a chaperone through signs displayed at the practice. Nurses and reception staff were asked by GPs to act as chaperones when required. They had received training or information about their role and had a Disclosure and Barring Scheme (DBS) check. (DBS checks identify whether a member of staff has a criminal record or is on a list of people barred from working where they may have contact with vulnerable children or adults).
- There were procedures in place for monitoring and managing risks to patients and staff safety. Health and safety policies were in place and relevant information was displayed at the practice. We saw up to date fire risk assessments and regular fire drills were completed. Fire equipment was checked by external contractors. Portable electrical appliances were checked at the required intervals to ensure they were safe to use. Clinical equipment was tested annually to ensure it was working properly. A range of other risk assessments were completed to monitor the safety of the premises including infection control, control of substances hazardous to health and legionella.
- Appropriate standards of cleanliness and hygiene were followed. We saw the premises were clean and tidy. Infection control policies were in place. One of the nurses was the infection control lead. She carried out weekly checks of clinical rooms. Monthly cleaning audits were completed, no issues were raised at the last audit and no actions were outstanding. Suitable arrangements were in place for the safe disposal of clinical waste including sharps.
- The arrangements for managing medicines, including emergency drugs, vaccines and prescriptions in the practice kept patients safe. This included prescribing, recording, handling, storing and security of medicines. Regular medicines audits were carried out supported by the Clinical Commissioning Group (CCG) pharmacy teams to ensure the practice was prescribing in line with best practice guidelines. Prescription pads were stored securely and records were kept of their use.
- Arrangements for staff recruitment were in line with requirements and we saw the recruitment policy was kept under review. In the six staff files we looked at we

## Are services safe?

found that appropriate recruitment checks had been carried out before employment. For example, proof of identity, qualifications, registration with the appropriate professional body and checks through the Disclosure and Barring Service. Although some files were missing references, copies of these were sent after the inspection.

- Arrangements were in place for planning and reviewing the number of staff and skill mix of staff to meet patients' needs, taking into account patient feedback and staff comments about staffing levels. The business manager kept a staff holiday chart and requested locums in advance.

### **Arrangements to deal with emergencies and major incidents**

There were emergency alarms in consultation rooms. Staff we spoke with were clear about their location, when they should be used and the practice had carried out checks to ensure that the system for responding to the emergency alarm was effective. All staff had completed basic life support training in 2015 and this had been updated at the required intervals. There were emergency medicines available in the treatment room and each consultation

room had an anaphylaxis kit. The practice had a defibrillator, oxygen and suction with adult and children pads and oxygen masks. There was also a first aid kit and an accident book. The emergency medicines and equipment were checked monthly with records kept. Staff we spoke with knew where emergency medicines and equipment were kept at the practice.

The practice had developed a business continuity plan when they moved to the new building. This gave staff instructions on how to deal with a range of situations including power failure and flood and included the contact numbers of companies to call to arrange repairs. Emergency contact numbers for staff were also included. This document had been updated and was available as a paper copy and on the practice computer system.

The business manager had developed an 'away list' which documented all the priority areas that needed covering, consideration or completion during the day, week, month and year. This meant staff had a list to follow in the event of any staff absence to ensure no tasks or important jobs were overlooked. This meant patient, staff and visitors safety was not the responsibility of one person but a shared responsibility within the practice.

# 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 Care and Excellence (NICE) best practice guidelines. Clinical staff had access to NICE guidelines and used these to develop how care and treatment was provided to meet patients' needs. They monitored use of these guidelines through discussions at clinical meetings. There were systems in place to ensure clinical staff kept up to date with their training and development. The provision of an angina clinic gave patients the opportunity to understand and take control of their medical condition. Patient responses to this clinic had been positive. The impact on patients was still being reviewed and the practice were continuing and developing the service.

### 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. The practice achieved 96.3% of the total points available. This was in line with the Clinical Commissioning Group (CCG) average of 96.3% and the national average of 94.2% of total points. The practice was not an outlier for any QOF (or other) national targets. Data from April 2013 to March 2014 showed:

- Performance for diabetes related indicators was in line with the CCG average and better than the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 88.9% above the national average of 83.1%.
- Performance for patients with mental health with a record of alcohol consumption in the last year was 100%; above the national average of 88.6%.
- The dementia diagnosis rate was comparable to the CCG and national average.

Clinical audits were carried out to demonstrate quality improvements and all relevant staff were involved to improve care and treatment and peoples' outcomes. There

had been four clinical audits carried out in the last two years; of these, two were completed audits where actions to improve had been implemented and monitored. For example the number of patients with asthma who had a review of their care plan increased over a five month period and five out of 52 patients had their medication dose decreased following the audit. The practice participated in local and national audits, benchmarking, peer review and research. Findings were used to improve services. For example, the practice had identified an unusual rise in prescribing. They reviewed prescribing with the CCG medicines management team, identified areas for improvement and made the required changes.

### Effective staffing

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

- The practice had developed an induction programme for new staff which included information about health and safety, fire safety, first aid, accident reporting and the key details regarding safeguarding and confidentiality. The programme had been tailored for administrative and clinical staff.
- Staff learning needs were identified through appraisals, meetings and reviews of the practice development needs. Staff had access to training to meet their learning needs and to help them carry out their role. There was a system for all staff to have an annual appraisal. Staff we spoke with confirmed they had regular supervision and all staff had an annual appraisal within the last year. Three of the GPs had completed their revalidation and the other GP was due to complete this later in 2015. (Revalidation is the process by which doctors demonstrate they are up to date and fit to practice).
- Staff completed training that included: safeguarding children and vulnerable adults, basic life support, fire safety, information governance, infection control and the Mental Capacity Act. Clinical staff had completed training and attended regular refresher courses on immunisations, cytology, diabetes care and dementia. The CCG provided cover to enable clinical staff to attend training sessions.

### Working with colleagues and other services

Suitable arrangements were in place for the practice to communicate with other health and social care providers. Results were sent to the patients named GP with a system



# Are services effective?

(for example, treatment is effective)

was in place for the duty GP to cover holidays and days off. We checked the results and only those for the day of the visit were in place. The CCG had a referral management system. All referrals went to the assessment centre to be checked before patients were given the opportunity to choose and book their appointments, except urgent referrals which met the two week criteria these were sent directly to the relevant service. The practice held monthly multidisciplinary meetings with the palliative care service, health visitors, community matron and the community mental health teams to be able to understand and meet the needs of patients with complex health and social care needs.

## Information sharing

The practice had systems to provide staff with the information they needed and to share the required information with other health care providers. For example they used care plans for people receiving end of life care which were with the patient, so any one attending the patient had access to up to date information with the patient's wishes. Copies of these care plans were sent to the out of hours service. The out of hours service sent details of patients seen electronically by 8am the following morning.

## Consent to care and treatment

Patients' consent to care and treatment was sought in line with legislation and guidance. Staff understood the relevant consent and decision making guidance including the Mental Capacity Act 2005 and the Children Acts of 1989 and 2004. Clinical staff used assessments of capacity to consent for children and young people. They used care plans for people with dementia to help them make decisions. Parental consent was sought before children were given immunisations.

## Health promotion and prevention

When patients registered at the practice they completed forms which gave the practice details of their personal and family medical and social history. One of the nurses then carried out a new patient check which included completing baseline checks including pulse and blood pressure. At this appointment patients were given information about maintaining a healthy lifestyle with regards to diet and exercise if required. Patients could access smoking cessation advice and support and sexual health screening. A visiting dietician was available to provide support with weight management. There was an in-house counselling service which had received very positive feedback from patients who had used the service. Patients who needed extra support were identified by the practice.

The practice had a comprehensive screening programme. The uptake for cervical screening was 85.4%, above the national average of 81.8%.

Childhood immunisation rates for the practice were above the CCG and national averages. For example, childhood immunisation rates for vaccinations given to under two year olds ranged from 83.5% to 98.7%, above the CCG averages which ranged from 74-93%. Immunisations rates for five year olds was 95.8%, which was above the CCG average of 87.4%. Flu vaccination rates for those aged over 65 were 56.8%, the at risk groups 74.7% and those with diabetes were 99.5%. These were all above the national averages.

Patients had access to appropriate health assessments and checks including the NHS checks for people aged 40-74. Follow ups on the outcomes of health assessments were made where risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that staff were polite, spoke with patients in respectful and appropriate ways at the reception desk and when speaking on the telephone. We saw the GPs and nurses came out to the waiting room to call patients and were told this was in response to patient feedback. Patients we spoke with appreciated this personal touch. Consultations took place in private rooms with the door closed and conversations could not be overheard. Curtains were provided in consultation rooms to protect patients' privacy and dignity during examinations and treatments. While the reception area was open and shared with two other GP practices, reception staff told us they could take patients to a private room to have conversations when necessary. All of the 104 comment cards we received and the 18 people we spoke with felt the practice, the care and treatment they received and the staff were good or excellent. Patients we spoke with and those who completed CQC comment cards reported that staff were polite, kind, caring, helpful, respectful, sympathetic and the doctors were knowledgeable, understanding, reassuring, considerate, supportive and gave them enough time. Some patients gave examples of the individualised care and treatment they received from the GPs and nurses.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the 2015 national patient survey. Ninety four per cent of respondents said they found receptionists at the surgery helpful which was above the Clinical Commissioning Group (CCG) average of 86%. Ninety nine per cent of patients said the last GP they saw was good at listening to them, above the CCG and national average of 88% and 89%. Ninety eight per cent had confidence in the last nurse they saw, which was above the CCG and national averages of 98% and 97%. Ninety four per cent said the last GP they saw was good at giving them enough time, above the national and CCG averages of 87% and 85%. Ninety six per cent said the last nurse they saw was good at giving them enough time which was above the national and CCG averages of 92% and 91 %.

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

Patients we spoke with felt the GPs and nurses involved them in discussions about their care and they were given the information they needed to make informed decisions about treatment. They felt clinical staff had time to listen and explain things to them and they had time during consultations to ask questions. Completed CQC comment cards confirmed these views.

Results from the national GP survey showed patients responded positively to questions about their involvement in making decisions about their care and treatment. Ninety nine per cent of respondents said the last GP they saw was good at explaining tests and treatments which was above the national and CCG averages of 86% and 85% and 91% said the nurse was good at explaining tests; this was above the national and CCG average of 91% and 89%. Ninety three per cent said the last GP and nurse were good at involving them in decisions about their care and treatment which was above the national and CCG averages of 80% and 82% for GPs and 83 and 85% for nurses.

Staff told us they had access to translation services for patients who did not have English as their first language and notices informing patients of this were displayed at the practice.

### Patient/carers support to cope emotionally with care and treatment

There were a number of notices in the waiting room that gave patients information and telephone contact details of local support groups and other health and social care services in the area. The electronic patient record alerted staff if a patient was a carer. The next of kin for patients receiving palliative care were identified and GPs told us they sign posted patients and carers to local support networks. Ninety four per cent of respondents said the last nurse and 93% said the last GP they saw was good at treating them with care and concern which was above the CCG averages of 89% and 84%. Staff told us that when families suffered bereavement, they made contact and offered an appointment.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice knew the needs of the local population and was responsive to those needs. They worked with the Clinical Commissioning Group (CCG) to plan services to improve outcomes for patients in the area. For example the practice had been involved in the planning and development of the new health centre where they were now based. They planned for an increase in patient numbers during the development of the health centre. The new purpose built health centre had more appropriate consultation rooms and a larger waiting room and patients we spoke with and those who completed CQC comment cards told us they were pleased with the improved environment.

Services were planned to take into account the different patient groups and helped provide flexibility and continuity of care. Patients could use the online booking for appointments and repeat prescription requests. The practice offered a range of book in advance and on the day urgent appointments. They provided early appointments, from 7.30am four mornings a week, evening appointments one day a week and appointments on Saturday mornings which was more convenient for working patients and students. They offered afternoon appointments for children who were taken ill during the day. In response to feedback from patients, some appointment slots were reserved so patients had better access to pre-bookable appointments a couple of days in advance. Patients had a choice of seeing male or female GPs. Home visits were carried out when required.

There was a Patient Participation Group, which had been involved in the development of the new health centre and supported the practice to carry out surveys. While the group did not have regular meetings, the business manager was in regular email contact with around 200 patients who gave their opinions when required.

### Tackling inequity and promoting equality

They recognised the needs of different groups and provided longer appointments for patients with long term conditions and those with learning disabilities and dementia. The electronic patient records identified when patients were vulnerable. Staff told us they had access to

translation services when required and some of the GPs were able to provide consultations in their own language. The practice was on the ground floor and all consultation rooms were accessible to people with disabilities. Toilets were accessible for wheelchairs and there were baby changing facilities.

### Access to the service

The practice was open between 8.00am-6.30pm Monday to Friday with extended hours from 7.30-8.00am Monday, Tuesday, Thursday and Friday and 6.30pm-7.30pm on Wednesday and 8am-9.50am on Saturday. Pre-bookable appointments were available six to eight weeks in advance and urgent on the day appointments were provided.

Results from the national GP survey showed that patients were satisfied with access to the practice. Eighty nine per cent of respondents said they were able to get an appointment the last time they tried, above the CCG average of 83%. Eighty seven per cent of respondents found it easy to get through to this surgery by phone, compared to the CCG average of 67% and national average of 74%. Eighty seven per cent of respondents usually wait 15 minutes or less after their appointment time to be seen, this was above the CCG and national averages of 69% and 65%. Seventy nine per cent of respondents were satisfied with the practice opening times, above the national and CCG averages of 76% and 73%.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy is in line with recognised guidance and contractual obligations for GPs in England. The business manager was the designated responsible person who handled all complaints in the practice. Information about how to make a complaint was available to patients on the practice website, in the practice leaflet and displayed at the practice. Reception staff told us they would try to resolve the issue or refer patients to contact the business manager. We were told there had not been any written complaints to the practice and records were not kept of verbal complaints that had been resolved through discussion, although we did see the actions following a verbal complaint that were discussed at a staff meeting. Patients we spoke with had not needed to make a complaint but told us they would raise concerns if they needed to.

# 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, evidence based medical care and health promotion to the local population. The practice had recorded the aims in the leaflet given to new patients. The partners had plans for the development of the practice and were working towards becoming a training practice for trainee GPs and to increase the provision of clinics for patients with long term conditions. The partners met regularly to review how the practice was operating and discuss any areas that needed improving.

### Governance arrangements

The practice had a clear governance framework which supported the delivery of good quality care.

This outlined the structures and procedures and ensured:

- There was a clear staffing structure and staff were aware of their role and responsibilities;
- The required policies were in place, kept under review and accessible to staff;
- A clear understanding of how the practice was performing and developing with evidence of working through action plans to achieve improvements;
- There was a system for clinical audit which was used to monitor quality of services provided and make improvements and
- There were suitable arrangements for identifying, recording and monitoring risks.

### Leadership, openness and transparency

The partners had the experience and capacity to run the practice and ensure the provision of high quality care. The partners demonstrated how they provided high quality, compassionate and safe care to patients at the practice. Staff told us the partners were approachable, available and

supportive. The partners encouraged a culture of openness and honesty. Staff told us there was an open culture and they had opportunities to raise issues, make suggestions and they felt they would be listened to.

Staff told us there were regular meetings which were used to pass on important information and review complaints and concerns. Staff told us they worked well as a team, with all staff knowing their role and responsibilities and given the support they needed. The practice held regular monthly social events which staff felt helped them work well together as a team.

### Practice seeks and acts on feedback from its patients, the public and staff

The practice used surveys, the Friends and Family Test and complaints and concerns raised to seek feedback from patients. There was a patient participation group (PPG) which was involved with the operation of the practice through emails and giving suggestions and feedback to the business manager rather than through meetings. Feedback from the PPG was discussed at clinical meetings so the partners were informed and could respond to suggestions and ideas. The PPG had been involved in surveys and had supported the practice with the new development, to ensure it met the needs of the patient population.

The practice gathered feedback from staff through meetings, appraisals and discussions. Staff we spoke with felt involved in the running of the practice and were encouraged to give their ideas and suggestions for improvements.

### Management lead through learning and improvement

The practice demonstrated how they focussed on learning and improvement, using incidents, complaints and comments to continually improve the services provided. The practice was an approved practice in the Primary Care Research Network and was currently involved in the 'Move It' study.