

Bridgeside Surgery

Quality Report

1 Western Road
Hailsham
East Sussex
BN273DG
Tel: : 01323441234
Website: www.bridgesidesurgery.co.uk

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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 Bridgeside Surgery on 12 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Patients said they were able to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

The provider should make the following improvements:-

- Ensure that the progress made in relation to clinical audits is complimented by the introduction of a system to facilitate effective monitoring and management of all audits conducted. This should include all audits conducted by trainee GPs.
- Ensure that the risk assessment in relation to Legionella reflects all of the elements described in the practice policy.

Summary of findings

- Ensure that actions undertaken in relation to Medic and other alerts received, are subject to a formal, auditable decision making process.
- Ensure that a system is introduced to facilitate effective recording, monitoring and management of recruitment processes and training.

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.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- We saw that a programme of Clinical Audits was under development and potential improvements for patient care were being identified with schedules set for second cycle audits.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- We saw a sample of the numerous thank you cards received by the practice, which totalled 92 during the year.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was the pilot site for the Electronic Prescribing Service (EPS) and the Electronic Referral System.
- Patients said they were able to make an appointment with a named GP, that the GP they saw was good at giving them enough time, and there was good continuity of care
- Urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



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

Summary of findings

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

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice offered enhanced care in the format of monthly reviews for housebound patients over 75.
- The practice offered preventative immunisation for Flu/Pneumonia/Shingles as appropriate.
- The practice offered consultations/health reviews offered to all patients over 75.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice monitored unplanned admissions and utilised care planning to manage the care of patients with complex needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included insulin initiation, COPD and heart disease.
- GPs provided care plans and where appropriate, patients were discussed at monthly meetings.
- Patients on a recognised list of those requiring urgent care were given priority for telephone calls with a GP and were also contacted following hospital admission.
- Carers and relatives details were entered onto patient's notes.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA2c was 64 mmol/mol or less in the preceeding 12 months was 89.33% in comparison to the national average of 77.54%
- Longer appointments and home visits were available when needed.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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. The practice assessed the mental capacity of young patients using Gillick and Fraser guidelines.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 81.53% compared to the national average of 81.83%
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered pre-natal, neo-natal and six-week baby checks.
- Pertussis immunisation was offered to pregnant mothers.
- The practice engaged and worked with midwives, health visitors and school nurses.
- There was a system in place to notify practice staff of any child at risk.

Good



Working age people (including those recently retired and students)

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

- 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.

Good



Summary of findings

- The practice offered health checks, dietary and lifestyle advice including smoking cessation clinics.
- Extended opening hours until 7.30pm were offered on a Monday evening to meet the needs of working patients.
- Pre-bookable appointments were also available on a Wednesday morning from 7.30am to 8.30am
- On-line booking of appointments and prescription requests was available.
- The practice offered Saturday Flu immunisation clinics.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice held monthly Multi-Disciplinary Team meetings at which vulnerable patients were discussed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

Good



- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 96.15% compared to the national average of 89.55%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a choice of specialist services to patients experiencing poor mental health.

Summary of findings

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

Summary of findings

What people who use the service say

The national GP patient survey results available at the time of the inspection were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 253 survey forms were distributed and 116 were returned. This represented 2.2% of the practice's patient list.

- 74% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 72.5% and a national average of 73.3%.
- 83.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.3% and national average 85.2%).
- 91.92% of patients described the overall experience of their GP surgery as fairly good or very good (national average 84.94%).
- 87.27% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards, 32 of which were very positive about the care delivered by the practice. Patients described staff as being polite and understanding, taking time to listen. Four cards were mostly positive but also raised minor concerns with occasional delays in obtaining appointments.

We spoke with two patients during the inspection. Both patients said they were happy with the care they received and thought staff were approachable, committed and caring. The Patient Participation Group (PPG) conducted a patient survey and reviewed 50 responses. The outcome of the survey was positive. All 50 patients surveyed found the reception team to be either very helpful or fairly helpful, 49 patients found that the GPs gave them sufficient time during their consultation and one patient did not have any opinion either way. 49 patients stated that they were treated with care and concern and one patient did not have an opinion either way.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure that the progress made in relation to clinical audits is complimented by the introduction of a system to facilitate effective monitoring and management of all audits conducted. This should include all audits conducted by trainee GPs.
- Ensure that the risk assessment in relation to Legionella reflects all of the elements described in the practice policy.
- Ensure that actions undertaken in relation to Medic and other alerts received, are subject to a formal, auditable decision making process.
- Ensure that a system is introduced to facilitate effective recording, monitoring and management of recruitment processes and training.

Bridgeside 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 Bridgeside Surgery

Bridgeside Surgery is situated in Hailsham, East Sussex in a residential area close to an industrial area. On street and on-site parking is available. It is fully accessible for wheelchair users.

The practice consists of Four GPs, three partners and one salaried. Two are male and two are female. The practice also has a Paramedic Practitioner on a part-time basis (male). There are two Practice Nurses and three Health Care Assistants (HCA). One of the HCA's also conducts Phlebotomies. In addition, there are two dedicated Phlebotomists.

The practice is a training practice and regularly supports the on-going training of medical students. The practice also offers secondments for trainee GPs.

The practice is open between 8.30am and 6.30pm Monday to Friday. Appointments are from 8.30am to 11.20am every morning and 2pm to 5.20pm daily except for Thursday when the afternoon clinic starts at 4pm. Extended surgery hours are offered at the following times on Monday from 6.30pm to 7.30pm and on Wednesdays from 7.30am to 8.30am.

Out of Hours Care is provided by the 111 telephone service except between the hours of 8am and 8.30am. Details of the telephone number to contact at this time are provided on the practice website.

The practice serves an older than average population. 24.6% of the patients are over 65 years of age in comparison with the national average of 16.7%.

The practice has a General Medical Service (GMS) contract and also offers enhanced services for example: Childhood Immunisation and Vaccination Scheme and on-line services.

We inspected this service as part of our new comprehensive inspection programme on 2 December 2014. The practice received a rating of Requires Improvement in the domains of Safe and Well-led. The rating in the domains of Caring, Effective and Responsive were judged to be Good. This resulted in an overall rating of Requires Improvement.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff including GPs, a Practice nurse, reception staff and the Practice Manager.
- Spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- Staff were aware that significant events were discussed at management meetings and told us that the outcomes were cascaded to relevant staff via email with a requirement to sign a receipt of the information.
- The practice maintained records of all significant event investigation. However, on-going post event monitoring was not formally recorded.
- We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. The Practice Manager reviewed all safety and Medic alerts and forwarded those that were relevant to a GP for further action. Those deemed not to be relevant were the subject of a decision making process prior to being eliminated from further activity. There was however, no formal and auditable record of this decision making process.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. A record was made on all patients notes when the services of a chaperone was used and who that chaperone was. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken. The most recent audit was undertaken in October 2015 and a number of areas for improvement were identified. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, there was no system in place for the storage of

Are services safe?

this evidence and there was no overarching system in place for efficient management of the recruitment check process, indemnity and registration with professional bodies.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However, the risk assessment in relation to Legionella did not reflect all of the elements described in the practice policy.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice had experienced some difficulty in recruiting new staff despite frequent advertising through NHS jobs and other health care media. Staff willingly carried out additional shifts to meet the needs of the service at times of staff sickness or leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a treatment room and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97.3% of the total number of points available. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 01/04/2014-31/03/2015 showed:

- Performance for diabetes related indicators well exceeded the national average. The percentage of patients on the register, with diabetes, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 89.33% compared to the national average of 77.54%
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding 12 months was 86.35% compared to the national average of 83.65%.
- Performance for mental health related indicators was similar to the national average. The percentage of patients with physical and/or mental health conditions whose notes recorded smoking status in the preceding 12 months was 96.4% compared to the national average of 94.1%
- Recording rates for the percentage of patients with schizophrenia, bipolar affective disorder and other

psychoses whose alcohol consumption had been recorded in the preceding 12 months, exceeded the national average, at 96.15% compared to the national average of 89.55%.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits completed in the last year, four of these were completed audits where the improvements made were implemented and monitored. However there was no system in place to facilitate effective monitoring and management of all audits conducted. This should include all audits conducted by trainee GPs. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services and long term outcomes. For example, an audit in relation to the secondary prevention of venous thromboembolism, with a risk rate of at least 40% over 5-10 years. This led to an increase of patients with a history of unprovoked Deep Vein Thrombosis (DVT) taking aspirin following the completion of anticoagulation treatment from 57.1% to 85.7%. It also led to an increase of patients with a history of unprovoked Pulmonary Embolism (PE), in taking aspirin following completion of anticoagulation treatment from 42.9% to 92.9%.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate that they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions such as Chronic Obstructive Pulmonary Disease, Asthma and Diabetes.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

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

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and those over the age of 75 years. Patients were then signposted to the relevant service.
- The percentage of women aged 24-64 whose notes recorded that a cervical screening test had been performed within the preceding 5 years was 81.51%, which was comparable to the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 1.5% to 98.6% compared to the CCG averages of 1.1% to 95.3% and five year olds from 93% to 98.6% compared to the CCG averages of 89.6% to 96.4%.
- Flu vaccination rates for the over 65s were 72.81%, and at risk groups 55.01%. These were also comparable to national averages.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40-74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

We received 36 patient Care Quality Commission comment cards. 32 of the cards were positive about the service experienced and four contained a mixture of positive feedback and comments in relation to difficulty in obtaining appointments. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). 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 published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 97.4% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.8% and national average of 88.6%.
- 94.6% of patients said the GP gave them enough time (CCG average 87.2% and national average 86.6%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 95.2% and national average 95.2%).

- 94.3% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87.3% and national average 85.1%).
- 92.6% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3% and national average 90.4%).
- 88.5% of patients said they found the receptionists at the practice helpful (CCG average 90% and national average 86.8%).

Care planning and involvement in decisions about care and treatment

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

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

- 96.8% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 88.8% and national average of 86%.
- 89.8% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.8% and national average 81.4%)
- 85.6% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83.6% and national average 84.8%)

Staff told us that translation services were available for patients who did not have English as a first language.

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.

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.7% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, they would be referred to a bereavement support charity.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. GPs attended CCG meetings and engaged on a weekly basis with the CCG pharmacist.

- The standard length of time for an appointment was 10 minutes. However, there were longer appointments available for patients with a learning disability or with complex needs.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.20am every morning and 2pm to 5.20pm daily. Extended surgery hours were offered at the following times: 6.30pm – 7.30pm on Monday evenings and on Wednesday mornings from 7.30am to 8.30am. In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

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

- 76.96% of patients were satisfied with the practice's opening hours compared to the national average of 78.53%.
- 74.01% of patients said they could get through easily to the surgery by phone (national average 73.32%).
- 77.8% of patients said they usually get to see or speak to the GP they prefer (Clinical Commissioning Group average 71.2% and national average 60%).

Patients told us on the day of the inspection that they were able to make appointments when they needed them.

Listening and learning from concerns and complaints

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

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

We looked at 10 complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way, and openness and transparency was demonstrated. Lessons were learnt from concerns and complaints and relevant action was taken. For example, staff were reminded of their responsibilities to thoroughly check prescriptions prior to handing them to a patient to ensure that they had been signed.

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 and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Clinical meetings with the GPs were held on a monthly basis.
- District Nurses attended practice meetings.
- Clinical meetings with GPs and Nurses were held quarterly with informal daily meetings to discuss current and impending events or issues.
- Full multi-disciplinary practice meetings were held on a six monthly basis.
- The GPs attended CCG meetings every six to eight weeks.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient

Are services well-led?

Good 

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

surveys and submitted proposals for improvements to the practice management team. For example, an issue with poor lighting outside the practice during the hours of darkness was raised and resolved within 24 hours.

- The practice gathered feedback from staff generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Staff told us that they felt very supported to develop new skills.