Dun Cow Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dun Cow Surgery on 14 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 found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

The areas where the provider should make improvement are:

- The practice should consider reviewing the appointment system that require patients to queue for same day appointments.

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?

Good

The practice is rated as good for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from internal and external incidents, to support improvement. Learning was based on a thorough analysis and investigation. The practice held specific serious event meetings once a quarter (or as required) where learning was shared with the whole team in protected time. Minutes of these meetings were clear and were circulated to the entire practice team.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The practice had dedicated safeguarding meetings on a quarterly basis where ongoing care and new cases were discussed. We saw in minutes from these meetings that cases were flagged for discussion with healthcare providers in the community where relavnt. There was a robust follow up process in place to ensure that the practice met all of its requirements.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally and in the Clinical Commissioning Group. For examples, outcomes for both mental health indicators and for long term conditions were better than average.
- The practice used innovative and proactive methods to improve patient outcomes and working with other local

Summary of findings

providers to share best practice. For example, the practice nurses had specific areas in which they were clinical lead, and follow ups for patients were thorough. The practice used these specific leads to follow up patients with greatest need.

Are services caring?

Good

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

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice had put in significant measures to support housebound patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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?

Good

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

Summary of findings

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. The practice held a full range of practice and team meetings. However, the practice also had meetings designed purely to discuss safeguarding, serious untoward incidents and complaints. This allowed the practice to provide better care for patients and to more effectively share learning with the practice team. Staff told us that they felt able to contribute to these meetings.
- The practice carried out proactive succession planning. This included planning for a new practice premises and a possible merger with other practices in the local area. The practice had shared the planning of these new ventures with patient groups.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.

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

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The way in which learning in the practice was shared benefitted older patients, as it did other groups.
- The way in which the nursing team specialise in how care was delivered was beneficial to older patients.
- Care plans for older patients were person centred and included specific details of any issues which might impact on patients managing their own health.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Indicators for the management of long term conditions were better than the national average.
- We noted that the way in which tasks were shared across the nursing team was particularly effective. For example, we saw that one of the nurses had extra time to provide better care to patients with long term conditions due to the way tasks were allocated in the team. This level offocussed specialism improved co-ordination of care for patients.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

Good

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

Summary of findings

- 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.
- Eighty one per cent of patients with asthma had been reviewed in the preceding 12 months, a higher rate than local or national averages.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Seventy five per cent of eligible patients had a cervical smear test in the preceding five years, a similar rate to local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

Good

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and 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 people.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had dedicated safeguarding meetings on a quarterly basis where on going care and new cases were discussed. We saw in minutes from these meetings that cases were flagged for discussion with healthcare providers in the community where relevant. There was a robust follow up process in place to ensure that the practice met all of its requirements.
- Housebound patients were provided with appointments up to two hours in length which involved a full health assessment but also co-ordination with the Safe and Independent Living team, a representative from which attended the practice every week. This allowed the practice to tailor care to these more vulnerable groups.

People experiencing poor mental health (including people with dementia)

Good

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

- 100% of the practice's 70 patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average.
- Outcome criteria for the management of mental health was higher than national averages. For example, the percentage of patients with poor mental health who had a fully individualised care plan in the last 12 months was 89% of 220 patients.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results for 2014/15 showed the practice was performing in line with local and national averages. Four hundred and eight survey forms were distributed and 103 were returned. This represented 25% of the forms submitted and less than 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 82% were able to get an appointment to see or speak to someone the last time they tried (CCG average 79%, national average 85%).
- 83% described the overall experience of their GP surgery as fairly good or very good (CCG average 79%, national average 85%).
- 87% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 73%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 28 comment cards, 26 of which were entirely positive about the standard of care received. In particular patients commented that staff were helpful and friendly and that high quality care was provided to patients with acute conditions. The two patients who did not provide positive feedback commented that appointments could be difficult to access.

We spoke with 10 patients during the inspection. All 10 patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Dun Cow 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, a practice manager specialist adviser and an Expert by Experience.

Background to Dun Cow Surgery

Dun Cow Surgery is in the London Borough of Southwark. Although the site is part of a practice with two other sites, at the time of the inspection the three sites were registered separately.The practice has six partners who are all full time who manage all three of the sites. Dun Cow Surgery is based in a former public house which has been adapted to meet clinical needs. The address of the dite is Dun Cow Surgery, Old Kent Road, London, SE1 5LU

The practice is based in an area of relatively high depravation compared to national averages. The practice serves a diverse practice population with a high proportion of patients for whom English is not their first language. Staff in the practice speak French, Yoruba, Arabic, Cantonese, Mandarin, Portuguese, Urdu and Punjabi.

Overall the practice has approximately 21,000 patients, with approximately 6,000 being registered at this site. The practice employs six salaried GPs (4.25 whole time equivalent [WTE]) , and at the time of the visit there was a registrar attached to the practice. Of the permanent GPs eight are male and four female.There was also one nurse practitioner, six nurses and a healthcare assistant to WTE of 6.91. There was a practice manager and alarge team of receptionists and administrators based across all three sites.

The practice is contracted to provide Personal Medical Services (PMS) and is registered with the CQC for the following regulated activities: treatment of disease, disorder or injury, maternity and midwifery services, surgical procedures, family planning, and diagnostic and screening procedures at one location.

The practice is open between 8:00am and 6:30pm Monday to Friday. Appointments are from 8:00am to 1:00pm every morning and 2:30pm to 6:30pm daily. Extended surgery hours are offered from 7:00am to 8:00am Monday to Friday and from 6:30 to 8:00pm on Tuesdays.

The practice had not been inspected prior to this inspection.

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 14 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, managers and administrative staff) and 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- We saw detailed systems of how findings of significant events were shared through a variety of team meetings ensuring that all relevant staff were made aware of findings.
- The practice held specific serious event meetings once a quarter (or as required) where learning was shared with the whole team in protected time. Minutes of these meetings were clear and were circulated to the entire practice team.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that the practice had ensured that systems were in place for all correspondence to be sent to a dedicated e-mail address when an e-mail had been missed.

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 adultsfrom abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff at the practice were trained to child protection level 3. The practice had dedicated safeguarding meetings on a quarterly basis where ongoing care and new cases were discussed. We saw in minutes from these meetings that cases were flagged for discussion with healthcare providers in the community where relavnt. There was a robust follow up process in place to ensure that the practice met all of its requirements. The practice had a review system in place to ensure that patients attended appointments.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with

legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty at any time. The nursing team had specific lead areas to ensure that high risk patients were followed up on a regular basis.

Arrangements to deal with emergencies and major incidents

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

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

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91% of the total number of points available, with 5% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from QOF, and from information provided by the practice showed that;

- Performance for diabetes related indicators was higher than the CCG and national average, although prevelance in the practice was higher than national averages. For example, 94% of newly diagnosed patients had been referred for an educational programme within the first nine months, which was higher than local and national averages.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average.
- Performance for mental health related indicators, prevalence of which was higher than national averages,was better than the CCG and national average. For example, the percentage of patients with poor mental health who had a fully individualised care plan in the last 12 months was 89% of 220 patients, higher than local or national averages.

Clinical audits demonstrated quality improvement.

- The practice had completed six audits, in the last two years. During the inspection we focussedon two of the completed audits and we could see where improvements had been made and how changes were implemented and monitored. For example in an audit of combined hormonal contraception changes were made following the first stage of the clinical audit to better record weight and smoker status to prevent contraindication.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a thorough induction pack given to all new starters as well as a staff handbook.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. One of the

practice nurses had started at the practice as a receptionist and with the support of the practice had trained as a heath care assistant, and latterly as a practice nurse.

- 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 ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated.

Care plans at the practice were personalised to the extent that in individual cases barriers to patients achieving change were explored in full, and support was provided either by the practice or by other healthcare providers to assist patients in better managing their own health.

The practice nurses had specific areas in which they were clinical lead, and follow ups for patients were thorough. The practice used these specific leads to follow up patients with greater need. For example, one of the practice nurses offered full holistic assessments to housebound patients at the practice on a yearly rolling basis. These appointments were up to two hours in length and involved a full health assessment but also co-ordination with the Safe and Independent Living team, a representative from which attended the practice every week. This allowed the practice to tailor care to these more vulnerable groups. Leads were also in place for a variety of long term conditions, and robust procedures were in place to similarly tailor individual care to these patients.

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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

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

The practice's uptake for the cervical screening programme was 75%, which was comparable to the CCG average of 75% and the national average of 77 %. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Good

Are services effective?

(for example, treatment is effective)

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 94% and five year olds from 82% to 95%.

Flu vaccination rates for the over 65s were 71%, and at risk groups 50%. These were also comparable to CCG and national averages.

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

Good

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 noted that the practice ran an appointment system where appointments became available at specific times of day. This led to queues developing over half an hour before appointments becoming available.

The majority of patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Several patients commented that queueing for appointments was inconvenient.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients 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:

- 85% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 81%, national average 87%).
- 92% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)
- 75% said the last GP they spoke to was good at treating them with care and concern (CCG average 80%, national average 85%).
- 87% said the last nurse they spoke to was good at treating them with care and concern (CCG average 84% national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 79% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 80% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 85% said the last nurse they saw was good at involving them in decisions about their care (CCG average 80%, national average 85%)

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

Patient and carer support to cope emotionally with care and treatment

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

Good

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. 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, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice had developed a thorough system for following up housebound patients in the area, who represented a higher than average proportion of the practice population.

- The practice offered a 'Commuter's Clinic' on Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours. Appointments were also availbale from 7:00am daily.
- There were longer appointments available for patients with a learning disability and for those with complex and/or multiple conditions.
- Home visits were available for older patients and patients who would benefit from these. Home visits for patients who were housebound included full holistic assessments which included signposting patients to services which might be beneficial to them through the local area. Safe and Indepependant Living (SAIL) initiative.
- Same day appointments were available in the morning and afternoon to patients attending the practice when appointments became available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice was planning to install a lift to improve access.
- The practice was in the process of considering to move to new purpose built premises. They had involved patient groups in the planning of the new practice to better meet their needs.

Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were from 8:00am to 1:00pm every morning and 2:30pm to 6:30pm daily. Extended surgery hours were offered from 7:00am to 8:00am Monday to Friday and from 6:30pm to 8:00pm on Tuesdays.

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.

- 88% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 51% patients said they always or almost always see or speak to the GP they prefer (CCG average 53%, national average 59%).

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, including notices in the practice, in the practice leaflet and on the website.

We looked at 21 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. The practice management team met at the end of every year to formally review complaints from the previous year and ensure that any learning points had been shared and systems changed. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. This included lead roles being shared across teams to ensure that follow ups were completed in good time. In particular we noted that the way in which tasks were shared across the nursing team were particularly effective, with very clearly defined areas of practice for each member of staff. For example, we saw that one of the nurses had extra time to provide better care to housebound patients due to the way tasks were allocated in the team.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained through audit and review of systems. The practice held a full range of practice and team meetings. The practice also had meetings designed purely to discuss safeguarding, serious untoward incidents and complaints. This allowed the practice to provide better care for patients and to more effectively share learning with the practice team. Staff told us that they felt able to contribute to these meetings and that learning from these meetings was clear.
- 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 prioritise 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 practice manager had developed thorough and detailed systems including a range of meetings and mechanisms for sharing information that supported this.

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.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Non-clinical stafftold us that they were included in decisions relating to how the practice was run and that they did not feel separated from the clinical team.

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

Are services well-led?

Good

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the group had been involved in decisions about the merging of the practice with several others nearby, and had also had input into the design of new practice premises.
- The practice had gathered feedback from staff through staff away days and regular team meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

The practice had taken an innovative approach to how it provided care for patients. The nursing team had been designed in such a way that members of the team had specific areas of focus. This allowed for better patient focussed care to be delivered.