

# New Court Surgery

## Quality Report

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Royal Wotton Bassett  
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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 New Court Surgery on 2 June 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 been trained to provide them with 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. Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



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

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



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

# Summary of findings

- The practice had a care coordinator for the practice who reviewed any patients who may be in need of support, at the surgery or in their home if required .The practice had been proactive early adopters of the care coordinator scheme to support patients with their social and care needs.
- 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?

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 had completed an extensive review of the appointment system and adjusted the structure to meet the patient demand.
- 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.
- The practice with the 'Friends of New Court Surgery' had purchased personal amplifiers to assist those with a hearing loss, which could also be taken on home visits to improve the consultation process and the quality of care.
- 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 it.
- 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.

# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- 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 patients.

Good



- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a care coordinator to support older patients with care and support services including home assessments and memory assessments.
- The practice had developed an educational leaflet to support patients to understand and be able to discuss decisions about do not resuscitate orders; this had been shared across the CCG.
- The practice ran educational and health promotion events for the community in collaboration with the care coordinator and the Friends of New Court Surgery, which provided health education and support for the community and particularly for any older socially isolated patients.

### People with long term conditions

The practice is rated as good for the care of patients 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.
- The practice ran specialised multi-morbidity clinics to review ongoing conditions, assess any changes and review medicines and treatments to ensure optimum care and also to try to prevent any unnecessary hospital admissions.
- Longer appointments were standard as the surgery recognised this as providing higher quality consultations and support for those with complex needs and long term conditions.
- The practice reviewed the requirements for home visits every lunchtime and home visits were available when needed.
- Performance for diabetes related indicators were mixed compared to local and national averages, for example:
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% which was in line with the clinical commissioning group (CCG) average of 91% and the national average of 88%.

# Summary of findings

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 86% which was lower than the CCG average of 96% and the national average of 94%.
- All of 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 patients.

Good



- 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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice sent an information pack to all teenagers on their 13 birthday with information on services available and confidentiality.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Any young adults who needed sexual health advice and support could be seen and/or referred to the 'no worries' service for confidential advice and care without a prior appointment.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

Good



- 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.

# Summary of findings

- The practice offered a wide range of telephone appointments as well as early and late appointments for the needs of this group.

## People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice was a safe haven place for anyone whether registered or not who needed a safe place to come to.
- The practice offered early or late appointments in quieter times for those with any anxiety issues, and/or a quiet waiting area if required.
- The practice offered longer appointments for patients with a learning disability and had adjusted the health check format to provide a more individual health check for patients.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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 patients experiencing poor mental health (including patients living with dementia).

Good



- Performance for mental health related indicators were higher than local and national averages, for example:
- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was higher than the CCG average of 93% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 98% which was higher than the CCG average of 93% and the national average of 90%.



# Summary of findings

- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 88% and the national average of 84%.
- The practice was a dementia friendly practice and was supporting the town to become a dementia friendly town.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The Friends of New Court Surgery had funded a counsellor for the last 16 years to support the patients.
- 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 were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. The survey distributed 240 forms and 147 were returned. This represented 1.5% of the practice's patient list.

- 84% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 88% and the national average of 85%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 49 comment cards which were all positive about the standard of care received. The comments noted an excellent caring service. There were no negative comments relating to care, however three comments noted issues with accessing appointments. Seven of the eight patients we spoke to on the day told us they had no issues accessing appointments, the one who expressed some issues found some delays when requesting regular routine appointments with a specific GP, but also noted that the GP would phone them to discuss their care if there was a delay.

We spoke with eight patients during the inspection. All eight patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. A couple of patients told us of excellent caring support for their whole families, including through a difficult end of life care situation, where they noted the care and support to be excellent. Data from the friends and families test from January to March 2016 showed that on average 84% would recommend this surgery to family or friends.

# New Court 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 assistant CQC inspector in an observer role

## Background to New Court Surgery

New Court Surgery started as a new practice in the town of Royal Wotton Bassett in 1973 and moved to new premises in 1991, which have since been extended. The practice serves a population of approximately 10,000 patients in an area with little social deprivation. The practice demographics are similar to the national average except for slightly lower than average number of patients between the ages of 20 to 40.

The practice is a teaching and training practice and supports GP Registrars (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine) as well as medical students and nursing students.

The practice team consists of four GP partners, two salaried GPs (three male and three female) and currently has two GP trainees. The GPs are supported by a team of six nursing staff including one nurse non-medical prescriber, two health care assistants and a care coordinator (who also does one session as a health care assistant). The practice team is supported by a practice manager and a team of reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. The practice opens early on Tuesday and Thursday mornings at 7.15am. The surgery has evening appointments until 8pm on Wednesdays. Core appointments are variable from 8am to 12pm and 2.30pm to 6pm with extended hours appointments from 7.15am and until 8pm during the extended hours periods. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the surgery is closed the out of hour's service is provided by MEDVIVO, accessed via NHS 111.

The registered activities the practice provides are available at the following location:

New Court Surgery

Borough Fields

Royal Wotton Bassett

SN4 7AX

## Why we carried out this inspection

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 2 June 2016.

During our visit we:

- Spoke with a range of staff including seven GPs, five of the nursing team, the practice manager and five of the reception and administration team. We spoke to one member of the patient participation group 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.

# 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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a concern for a patient's welfare we saw an investigation had been undertaken including a referral to the appropriate safeguarding team and that this had been shared to review any areas for learning.

We saw good examples of learning from incidents shared across the practice and with the wider relevant agencies where applicable, for example an incident occurred relating to a missed referral letter, the investigation found an issue with the supporting information technology (IT) system. The practice raised this with the IT provider to help reduce any chance of reoccurrence and so the system could be reviewed. Another example we saw, involved an issue with an item of equipment where this was identified to the manufacturer, the practice ensured they checked all their own equipment so the incident could not happen 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. These arrangements reflected relevant legislation and local requirements. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three; the nursing team were trained to safeguarding children level two or three.
- 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 (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. One of the practice nursing team 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 medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. We did not meet the nurse prescriber but were told they received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSD) from a prescriber. A PSD is a written instruction, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed seven 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.

### 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 which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire

drills. Staff confirmed a recent fire drill in May 2016 and all staff knew their areas of responsibility in the event of a fire. 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).

- 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 enough staff were on duty.

### 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 stored securely.
- 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 patients' 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 99.2% of the total number of points available. The practice had 9.7% exception reporting.

This practice was not an outlier for any QOF (or other national) clinical targets. Data showed the practice had better than average exception rates for mental health, depression, cancer, asthma and cervical screening indicators. Data from 2014/2015 showed:

- Performance for diabetes related indicators were mixed compared to local and national averages, for example:
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 91% which was in line with the clinical commissioning group (CCG) average of 91% and the national average of 88%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (01/04/2014 to 31/03/2015) was 86% which was lower than the CCG average of 96% and the national average of 94%.

- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was in the target range was 86% which was higher than the CCG average of 82% and the national average of 81%.

Performance for mental health related indicators were higher than local and national averages, for example:

- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 100% which was higher than the CCG average of 93% and the national average of 88%.
- The percentage of patients with a serious mental health problem whose alcohol consumption has been recorded in the preceding 12 months (2014/15) was 98% which was higher than the CCG average of 93% and the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014/15) was 100% which was higher than the CCG average of 88% and the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, five of these were completed audits where the improvements made were implemented and monitored. For example an audit was undertaken to look at the use of a medicine used in anxiety and depression to ensure that patients in a certain age range were on the correct dose, the audit was repeated. Results showed that the patients all had their case reviewed and changes had been made where they were clinically appropriate.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included adding a reminder into patient's notes and improving the recall coding system for patients on repeat vitamin injections.



# Are services effective?

## (for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as: the nursing team had conducted a review of patients with leg ulcers to ensure they had received the appropriate review and assessment. From this they had identified a need to share and update their Doppler training (a Doppler ultrasound is a test that uses high frequency sound waves to measure the amount of blood flow through your arteries and veins, usually those that supply blood to your arms and legs) which they completed. From the audit, results showed that all those applicable had received the appropriate Doppler test and that the correct treatment and care package was in place.

### 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 how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions had completed diplomas in diabetes, COPD (chronic obstructive pulmonary disease – a range of long term lung conditions), asthma and leg ulcer management.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines 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 and training in basic life support and management of anaphylaxis.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- The nursing team shared learning through team meetings and educational events, for example recent

updates had included, management of dressings, Doppler training, updates in diabetes and respiratory conditions and a joint lymphedema training session with a specialist nurse.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. 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.
- 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 professionals 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. A range of different meetings were held throughout the practice, from a daily GP meeting to weekly clinical meetings and meetings took place with other health care professionals on a monthly basis where care plans were routinely reviewed and updated for patients with complex needs.

### 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 patients, 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.



# Are services effective?

## (for example, treatment is effective)

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation, weight management and exercise. Patients were 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 82%, which was comparable to the CCG average of 85% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for

bowel and breast cancer screening. The practice's uptake for breast and bowel screening was comparable to local averages and above national averages. For example the practice's uptake of eligible patients for breast screening was 79% which was higher than the CCG average of 77% and the national average of 72%. The practice's uptake for bowel screening was 61% which was in line with the CCG average of 63% and above the national average of 58%. 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.

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 80% to 99% and five year olds from 88% to 99%.

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.

All of the 49 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. A couple of comment cards noted some issues with access to appointments.

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 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable average for its satisfaction scores on consultations with GPs and nurses. For example:

- 86% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 100% of patients had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 98% and the national average of 97%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 93% find the receptionists at this surgery helpful compared to the CCG average of 90% and the national average of 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 from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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 above local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 93% of patients say the last nurse they saw or spoke to was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 110 patients as carers (1.1% of the practice list). The practice had a care coordinator for the practice who reviewed any patients who may be in need of support, at the surgery or in their home if required. The practice had been proactive early adopters of

the care coordinator scheme to support patients with their social and care needs, any member of staff could refer patients to the care coordinator for assessment. The practice had a carer's advice pack in the waiting room, information through the website and written information was available to direct carers to the various avenues of support available to them. The practice with the care coordinator offered carers support and education through social events such as coffee mornings and included educational topics for example a recent talk on the role of the community matron.

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.

# 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. For example the practice had employed a pharmacist to support the practice with medicine reviews and best treatment pathways for patients.

- The practice offered a range of extended hour's appointments including evening and early morning appointments for working patients who could not attend during normal opening hours.
- The practice had completed an extensive review of the appointment system and adjusted the structure to meet the patient demand. All the patients we spoke to confirmed they could access an urgent appointment when required, and if they needed a routine appointment but there was a delay in seeing the GP of their choice, they would be offered an alternative GP, or the GP would phone them to discuss their care.
- There were longer appointments available for patients with a learning disability and complex needs. The surgery offered 15 minute appointments as standard as they recognised this would give the best chance of optimum assessment and care.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Any patients who appeared with anxiety could be offered a quiet waiting room or an early or later appointment when the practice environment would be less busy.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive some travel vaccinations available on the NHS as well as those only available privately; the practice was currently reviewing the range of travel vaccines available.
- There were disabled facilities, a hearing loop and translation services available.

- The practice with the 'Friends of New Court Surgery' had purchased personal amplifiers to assist those with a hearing loss, which could also be taken on home visits to improve the consultation process and the quality of care.
- The practice was registered as a safe place for vulnerable patients to be supported, whether registered at the practice or not.
- The practice had achieved dementia friendly status which means staff had been trained to support and look after patients with dementia and provide high quality care.
- The practice with the 'Friends of New Court Surgery' had paid for a counselling service for the last 16 years to support patients at the practice.

### Access to the service

The practice is open between 8am and 6.30pm Monday to Friday. The practice opens early on Tuesday and Thursday mornings at 7.15am. The surgery has evening appointments until 8pm on Wednesdays. Core appointments are variable from 8am to 12pm and 2.30pm to 6pm with extended hours appointments from 7.15 am and until 8pm during the extended hours periods. In addition to pre-bookable appointments that could be booked up to six weeks in advance, 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.

- 70% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 75% and the national average of 75%.
- 84% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and the national average of 73%.
- 94% of patients say the last appointment they got was convenient compared to the CCG average of 93% and the national average of 92%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The next available routine appointment when we checked during the inspection was on that same day.

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

The GPs shared the assessment of urgency appointment requests and met every day to discuss and allocate the home visits according to medical need and urgency. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

## Listening and learning from concerns and complaints

The practice had an effective 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 for example, information in the waiting and reception areas and on the practice website.

We looked through five of the complaints received in the last 12 months and found these were dealt with in a timely way, with openness and transparency. The practice was proactive about learning from individual concerns and complaints and reviewed complaints to identify any trends. Action was taken to as a result to improve the quality of care. For example, following a complaint where an administration error led to an issue with confidentiality an apology and explanation was given and staff training was undertaken and reinforced, and the learning was shared across the team to reduce any likelihood of reoccurrence.

# 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.
- 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 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- The practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the 'Friends of New Court Surgery' (FONCS) which also acted as the patient participation group (PPG) and through surveys and complaints received. The FONCS met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. They reported the practice team was very receptive to the views and comments from the patients and wider community. The FONCS had been very proactive in engaging with the practice and the community and had held a range of health education and health promotion events for example, a carers support coffee morning in conjunction with another local practice to provide support for the whole local community.

# Are services well-led?

Good 

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

- The FONCS had also provided support and equipment for the practice for example the hearing amplifiers and a 24 hour ECG machine.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 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. For example the practice had developed a leaflet to help support and educate patients about do not resuscitate orders, which patients had reported had been helpful, this had been shared across the local clinical commissioning group area.

The practice had employed a pharmacist to assist the management of long term conditions and medicine reviews.

The practice was proactively looking at the changing increasing demand for services from increasing population and reviewing the appointment system and looking at ways to work collaboratively with others in the future to help meet and manage the demand.