

# Barnby Gate 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 Barnby Gate Surgery on 22 October 2015. Overall the practice is rated as good.

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

- The practice had robust arrangements to deal with information about safety. Staff were aware of responsibility to report incidents and concerns and knew how to do this. Information relating to safety was documented, monitored and reviewed; however details of investigations related to significant events needed to be more thorough.
- Risks to patients were assessed and well managed with the exception of those relating to recruitment checks.
- The practice demonstrated the use of best practice guidance to assess patients' needs and plan their care.

Staff had received relevant role specific training and further training needs were identified for staff through appraisals although we found that one member of staff had not undergone an appraisal.

- Patients told us staff treated them with compassion, dignity and respect and involved them in decisions about their care.
- Information about 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.

We saw one area of outstanding practice:

# Summary of findings

- The practice worked to support their practice population and their wider community. For example the practice undertook collections for their local food bank. In addition to this, the practice worked with their patient participation group to undertake initiatives which promoted the wellbeing of their patients. The PPG had a successful allotment project and fresh produce from the allotment was offered to patients for free or in exchange for a small donation.
- The practice should ensure that records of investigations of all significant events and incidents are thorough and reflect discussions and learning outcomes
- The practice should ensure all staff receive annual appraisals

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

The areas where the provider should make improvement are:

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events; however the practice needed to ensure reviews and learning from events were documented in all instances.
- Learning from significant events was shared within the practice and staff were able to give examples of recently discussed events.
- The practice had systems and processes in place to ensure that staff and people using services were kept safe. These included robust arrangements to safeguard children and vulnerable adults.
- Risks to patients and staff were assessed and generally well managed. However, we identified one instance where the practice had not followed its policy in respect of obtaining references for a new member of non-clinical staff.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Information we reviewed showed that outcomes were mainly in line with the locality. The practice was aware of areas which required improvement and showed evidence of working to address these. For example data showed that the practice had improved performance in respect of hypertension monitoring.
- Staff had access to local and national guidelines and used these routinely to plan and deliver patient care.
- We saw evidence that the practice was undertaking clinical audits and these were being used to drive improvements.
- 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 with the exception of a member of the nursing staff.
- We saw evidence of effective multidisciplinary working with external organisations. For example, the practice worked closely with a wide range of health and social care professionals to ensure their patients had the appropriate care in place to avoid admissions to hospital.

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data showed that patients rated the practice highly for several aspects of care.
- Patients told us they were treated with compassion, dignity and respect.
- Patient survey data and patient comments indicated that patients felt involved in decisions about their care and treatment.
- The practice provided a range of information about services which was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect.
- The practice demonstrated a caring attitude towards their patient population and their wider community. For example the practice undertook collections for the local food bank and raised money for local charities. In addition to this, the practice supported the work of their patient participation (PPG) group in running an allotment project to benefit the community

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- It 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 was working to make improvements to its premises to increase space and capacity.
- 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. However, patients were only able to book routine appointments one week in advance.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had clearly documented aims to treat all patients as individuals and to deliver a high quality of service provision. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by partners and management.

Good



# Summary of findings

- The practice had a wide range of policies and procedures to govern activity and held regular governance meetings.
- The partners encouraged a culture of openness and honesty and staff felt supported to raise issues and concerns.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was well established and met regularly. The PPG worked closely with the practice to benefit the wider community by running an allotment project and a walking group.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had an active PPG who had a successful allotment for patients of the practice and organised a walking group to promote patient wellbeing.
- The practice worked effectively with the multi-disciplinary team to identify patients at risk of admission to hospital and to ensure their needs were met.
- The percentage of people aged 65 or over who received a seasonal flu vaccination was 72.8% in line with the national average of 73.2%.

Good



### People with long term conditions

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.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- We saw evidence that the practice was aware of areas for improvement and was actively working with staff to improve recording. Data demonstrated that

Good



### Families, children and young people

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

Good



# 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. The practice held regular documented safeguarding meetings with external professionals.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Rates for cervical screening were in line with local and national averages
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Children were given priority in duty surgeries to minimise waiting times.

## **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.
- Appointments were bookable in person, online and by telephone and telephone consultations were offered where appropriate.

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

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.



# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 84.7% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months. This was 3.3% above the CCG average.
- The practice held monthly multi-disciplinary teams to discuss the case management of people experiencing poor mental health, including those with dementia.
- The practice told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had systems 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 people with mental health needs and dementia and told us there were no barriers to patients accessing their services.

Good



# Summary of findings

## What people who use the service say

We looked at the results of the national patient survey published in July 2015. Questionnaires were sent to 295 patients and 121 people responded. This was a 41% response rate. The practice performed well when compared with others in the CCG and nationally in respect of the following areas;

- 77% of respondents with a preferred GP usually got to see or speak to that GP compared with a CCG average of 62% and national average of 60%
- 86% of respondents would recommend this surgery to someone new to the area compared with a CCG average of 77% and a national average of 78%
- 98% of respondents said the last nurse they saw or spoke to was good at explaining tests and treatments compared with a CCG average of 91% and a national average of 90%

The survey identified areas where the practice could improve performance although these were still broadly in line with local averages:

- 78% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%

- 58% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 65% and a national average of 65%
- 63% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 66% and a national average of 73%

We reviewed comments and ratings from NHS Choices. The rating for the practice was 3 stars out of a possible five.

As part of the inspection, we spoke with three patients and two members of the patient participation group (PPG). Patients we spoke with were generally positive about the practice. All of the patients told us they found the premises clean and tidy and that they usually found it easy to get an appointment.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which contained positive feedback about the practice. Patients said that staff were caring and efficient and supported them through periods of ill health and difficult personal circumstances. Two comment cards contained references to difficulties in accessing appointments at convenient times.

## Areas for improvement

### Action the service SHOULD take to improve

- The practice should ensure that records of investigations of all significant events and incidents are thorough and reflect discussions and learning outcomes

- The practice should ensure all staff receive annual appraisals

## Outstanding practice

- The practice worked to support their practice population and their wider community. For example the practice undertook collections for their local food bank. In addition to this, the practice worked with their patient participation group to undertake

initiatives which promoted the wellbeing of their patients. The PPG had a successful allotment project and fresh produce from the allotment was offered to patients for free or in exchange for a small donation.

# Barnby Gate Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor and a practice manager specialist advisor.

### Background to Barnby Gate Surgery

Barnby Gate Surgery provides primary medical services to approximately 13346 patients through a general medical services contract (GMS). Services are provided to patients from a single site.

The level of deprivation within the practice population is marginally below the national average. Income deprivation affecting children and older people is below the national average.

The medical team is comprised of eight male and female GPs. In addition to GPs, the practice employs two nurses three healthcare assistants and a phlebotomist. The practice has a vacancy for a practice nurse and recruitment is ongoing.

The clinical team is supported by a full time practice manager, an assistant practice manager and reception and administration staff.

The practice opens from 8.30am to 6.30pm Monday to Friday. Appointments are offered from 8.30am to 12.00pm and from 3.00pm to 5.30pm.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by Central Nottinghamshire Clinical Services (CNCS).

### 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.

### How we carried out this inspection

Before our inspection we reviewed a range of information that we held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 22 October 2015. During our visit we:

- Spoke with a range of staff (including GPs, nursing staff, the practice manager and a range of reception and administrative staff) and spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- 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:

# Detailed findings

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

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

- Older people
- People with long-term conditions

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

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

The practice had systems in place to ensure significant events were reported and recorded.

- Staff reported incidents to the practice manager or the assistant practice manager and completed reporting forms which were available on the computer system.
- The practice held regular meetings to review significant events and share the learning from these. The practice had considered a wide range of clinical and non-clinical incidents as significant events.

Minutes from meetings demonstrated that information about safety was regularly discussed, including incidents, significant events and patient safety alerts. On most occasions completion of significant event forms was thorough and detailed; however, we identified that, on some occasions, the practice had not completed sections related to review of events or recorded discussions which had been held in meetings. From discussions with staff we were assured that learning was shared across the practice. For example, a member of the administrative team told us about a significant event related to the incorrect storage of a patient sample which led to a change in process.

Where patients had been affected by incidents, the practice demonstrated a transparent approach to sharing findings and learning. Apologies were offered to those people affected where this was identified as appropriate.

### Overview of safety systems and processes

The practice had a range of systems in place to ensure people using their services were kept safe:

- The practice had robust arrangements to safeguard children and vulnerable adults from abuse. Policies and procedures were accessible to all staff and reflected relevant legislation and local requirements. Staff knew how to recognise signs of abuse and how to access the policies and procedures to support them to escalate matters where necessary. The practice had a dedicated safeguarding lead and staff had received training at a level relevant to their role, including Level 3 training for the lead GP. The practice held regular internal safeguarding meetings and attended external meetings where possible.

- Notices were displayed within the waiting room and treatment rooms to advise patients that they could request a chaperone if required. All staff who acted as chaperones had received training and had undergone a disclosure and barring check (DBS check).(DBS
- We observed the practice to be clean and tidy. Evidence demonstrated that the practice maintained appropriate standards of cleanliness and hygiene. The practice undertook regular infection control audits and carried out an annual review of infection control, the findings of which were discussed at a meeting. The annual review identified any significant events related to infection control as well as identifying changes made and improvements which were still required. For example, the infection control lead had recently left and it was identified that training was needed for the new infection control lead.
- There were arrangements in place to manage medicines (including emergency drugs and vaccinations) to ensure that patients were kept safe (including obtaining, prescribing, recording, handling, storing and security). The practice engaged with the local CCG pharmacist to carry out medicines audits and to ensure prescribing was in line with best practice. Prescription pads were securely stored and there were systems in place to monitor their use. Nurses used Patient Group Directions to allow them to administer medicines in line with legislation. In addition, the practice had a system for production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed four personnel files and found that, in more cases, 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 (DBS). We identified one personnel file where the practice was not able to provide evidence of having received references. The practice undertook DBS checks for all new staff joining in line with their recruitment policy. The practice had also undertaken recent DBS checks for all clinical staff. The practice was undertaking a rolling programme of DBS checks for long term employed members of reception and administrative staff.

### Monitoring risks to patients

## Are services safe?

Risks to patients were assessed and well managed.

- The practice had processes in place to identify, monitor and manage risks to staff and people using the service. There was a health and safety policy in place. Regular fire drills were carried out and staff had received fire safety training. The practice had commissioned an external fire risk assessment in 2012 and told us they planned to have this reviewed in the near future. Schedules of testing were in place to ensure that electrical equipment was safe to use and to ensure clinical equipment was working properly. The practice also had a range of other risk assessments to monitor the safety of the premises such as legionella.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There were rota systems in place to ensure enough staff were on duty and these were monitored by team leaders. The practice had recently identified the need to increase administrative capacity and had increased their hours of staffing in this area.

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

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

- Staff could use instant messaging systems on their computers to alert other staff to any emergency.
- Staff received basic life support training and the practice had adequate supplies of emergency medicines. Staff knew of the location of the emergency medicines. We noted that one medicine had passed its expiry date the previous month, this was removed during the inspection.
- The practice had a defibrillator and oxygen available with child and adult masks.
- 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 and suppliers.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

Practice staff demonstrated that they used evidence based guidelines and standards to plan and deliver care for patients. These included local clinical commissioning group (CCG) guidance and National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date including regular nursing and clinical meetings. We saw that the practice used clinical audits to monitor the implementation of guidelines.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (QOF is a voluntary incentive scheme which financially rewards practices for managing some of the most common long-term conditions and for the implementation of preventative measures).

Data showed that the practice had achieved 86.4% of the total number of points available in 2014/15, with an exception reporting of 9.2% (The exception reporting rate is the number of patients which are excluded by the practice when calculating achievement within QOF). Practice performance in QOF for 2014/15 was mixed and data showed;

- The practice had achieved 74.4% of points available for diabetes related indicators which was 14.4% below the CCG average and 14.8% below the national average.
- The practice had achieved 92.3% of points available for hypertension related indicators which was 6.6% below the CCG average and 5.5% below the national average.
- Performance for dementia related indicators was 88.5% which was 7.9% below the CCG average and 6% below the national average.
- The practice had achieved 100% of points available for asthma related indicators which was 4.6% above the CCG average and 2.6% above the national average.

We saw that the practice was aware of its performance in specific QOF areas and had worked to make improvements. For example, the practice achievement for diabetes had increased from 69.7% in 2013/14 to 74.4% in 2014/15. Performance for hypertension related indicators

had increased from 56.2% in 2013/14 to 92.3%. The practice told us that improvements had been helped by a new staff member and education amongst staff in respect of using the alerts within the computer system.

Clinical audits demonstrated quality improvement.

- We reviewed two completed clinical audits which had been undertaken in the last two years. These were completed audits where improvements had been identified, implemented and monitored. For example, the practice had audited the prescribing of metformin for patients diagnosed with Type 2 diabetes. The re-audit showed that the initial audit, discussion of the findings and applicable NICE guidelines had improved renal monitoring and medication review of patients taking metformin.

### Effective staffing

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

- The practice had an induction programme for newly appointed staff that covered such topics as safeguarding, fire safety, health and safety and confidentiality. In addition to this, the practice was developing a new induction programme for the nurse position which was being advertised.
- The practice reviewed the individual training needs of staff to ensure they were up to date with relevant role specific training. For example, the practice nurse was due to undertake a cervical cytology update in December.
- Staff learning needed were identified through appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included mentoring support during clinical sessions, regular meetings, appraisals, clinical supervision and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months with the exception of a practice nurse. The practice explained that a new GP had recently taken over responsibility for nurse appraisals and undertaking the appraisal for this nurse was a priority.

# Are services effective?

## (for example, treatment is effective)

- 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, in-house training and CCG supported learning externally.

### Coordinating patient care and information sharing

Information required to plan and deliver care and treatment was easily accessible to staff through the patient record system and the practice's intranet system. Information included care plans, medical records and test results. We saw that information such as NHS patient information leaflets were also available.

The practice had effective systems in place to ensure relevant information was shared with other services in a timely way, for example, when patients were referred to other services.

The practice worked together with other health and social care services to ensure the needs of patients were met and to reduce hospital admissions. The practice hosted monthly multi-disciplinary meetings to ensure oversight of patients who were moving between services, had recently been discharged from hospital or were at risk of being admitted to hospital. Meetings were attended by a range of professionals including GPs, district nurses, community matrons, mental health nurses and an alcohol long-term condition nurse.

### 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. Staff carried out assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.

- Capacity assessments were undertaken where capacity to consent was unclear and outcomes were recorded.
- Practice staff sought verbal and written consent as required and monitored this process through records audits to ensure they met their responsibilities in line with legislation and guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking or patients who might require counselling. Patients were then signposted to the relevant service. For example a counsellor was available within the practice once a week.

The practice's uptake for the cervical screening programme was 75.6%, which was comparable to the CCG average of 78.4% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 86% to 98.4% and five year olds from 90.6% to 99.3%. Flu vaccination rates for the over 65s were 72.8% which was similar to national average of 73.2%; and for at risk groups were 42.3% which was slightly below the national average of 52.3%.

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



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During the inspection we saw that staff treated patients with dignity and respect. Staff were helpful and kind to patients both within the practice and on the telephone.

Consultation and treatment room doors were closed during patient consultations and conversations could not be overheard. Nursing staff told us they ensured treatment room doors were locked when they were undertaking sensitive examinations.

Reception staff told us they could offer patients a private area to discuss sensitive issues away from the main reception or if they appeared distressed.

The majority of the 19 comments cards we received were positive about the service received within the practice. Patients highlighted that staff were friendly and caring and willing to help. Patients said they were treated with dignity and respect.

We spoke with two members of the patient participation group (PPG). They told us they were pleased with the care provided by the practice and said their dignity and privacy was respected. Comments from patients and PPG members highlighted that staff were compassionate and helpful towards patients and supportive where this was required.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on interactions with GPs, nurses and reception staff. For example:

- 85% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 84% said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%

- 87% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 90% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 90%
- 85% said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

The practice was committed to ensuring that end of life care was optimised for its patients through seeking to identify their preferred place of death and delivering coordinated care. The practice was signed up to the Going for Gold scheme as part of the Gold Standards Framework (GSF). (GSF is a systematic, evidence based approach to optimising care for all patients approaching the end of life). In addition we saw of the GP partners provided strong clinical leadership in this area across the locality and chaired the CCG partnership forum for end of life care which brought together acute, community and third and voluntary sector participants.

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

Patients told us that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 88% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 81%

## Are services caring?

- 98% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 86% and national average of 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 wide range of support groups and organisations.

The practice had a designated carers' champion. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers. Carers were supported by the practice, for example by being offered influenza vaccinations. The practice had also displayed information for carers in the waiting area to ensure they were aware of support available to them.

The practice had a designated member of the administrative staff as the bereavement lead. Staff told us

that if a death notification was received, all GPs were notified. Relatives were contacted and offered consultations as required or advice on how to access local support services.

We saw that the practice actively worked to support the wellbeing of their population and to enhance the wider community. For example, the practice was a designated food bank collection point meaning patients or members could drop off items of food which would then be distributed to people who needed them. In addition to this the practice supported the patient participation group (PPG) to run a successful allotment. Patients from the practice were invited to be involved with the allotment and the project worked with the local community mental health team to provide support for patients suffering with mental health problems. The PPG had plans to introduce poly tunnels to the allotment to enable its facilities to be used year round.

In order to enhance wellbeing and reduce social isolation the practice also supported the PPG to run a local walking group for patients.

# 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 was planning improvements to its premises to deliver additional capacity.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example:

- The practice offered appointments until 5.30pm to enable children to attend outside school hours
- There were longer appointments available for people who required them including those with a learning disability.
- Home visits were available for older patients/patients who were housebound.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- Baby changing facilities were available
- The practice was planning to install a lift to improve access

### Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were from 8.30am to 12.00pm every morning and 3.00pm to 5.30pm every afternoon. The practice did not offer extended hours appointments. Urgent appointments were available on the same day and pre-bookable appointments were available up to one week in advance. The practice had taken the decision to restrict the pre-bookable appointments to one week in advance due a large rate of appointments being missed. We saw evidence that the practice manager reviewed the access to appointments regularly.

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

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 71% and national average of 75%
- 63% patients said they could get through easily to the surgery by phone compared to the CCG average of 66% and the national average of 73%
- 72% patients described their experience of making an appointment as good compared to the CCG average of 71% and the national average of 73%
- 58% patients said they usually waited 15 minutes or less after their appointment time compared with the CCG average of 65% and the national average 65%.

### Listening and learning from concerns and complaints

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

We saw that information was available to help patients understand the complaints system including signage in the waiting room and information in the practice leaflet.

We looked at 13 complaints received since December 2014. Records of complaints were comprehensive and included details of verbal and written complaints. We found that complaints were handled appropriately. People making complaints received timely acknowledgements and thorough responses to their issues. The practice demonstrated an open and transparent approach to dealing with their complaints.

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 treat all their patients as individuals and deliver a high quality of service. The practice's aims were documented in their patient leaflet which was available in the reception area and was shared with all new patients registering with the practice.

The practice's vision and challenges it identified were shared with staff during practice meetings. The partners held annual business development meetings to discuss future planning for the practice.

### 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
- Staff had leadership roles in different clinical and non-clinical areas
- Practice specific policies were implemented and were available to all staff
- There was ongoing review of the performance of the practice
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements in place to identify, record and manage risks to staff and people using services.

### Leadership, openness and transparency

The partners in the practice had the experience and capability to run the practice to ensure high quality care. Staff told us that the partners were visible in the practice and that they were approachable. Staff felt that partners and management always took time to listen to concerns or ideas they had.

Staff told us they were encouraged and supported to raise concerns about safety and that a culture of honesty and openness was encouraged. For example, a practice nurse explained how they were supported to raise safeguarding concerns about a child by a GP partner.

Regular staff and practice meetings were held which afforded staff the opportunity to raise issues. Staff felt confident that they would be supported in raising any issues for consideration and that there was an open, learning culture within the practice. Staff said they felt respected, valued and supported by the partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaged patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), through surveys and complaints received. There was a long established PPG which met on a regular basis, carried out patient surveys and made suggestions for improvements to the practice management team. For example, the practice supported the PPG to set up a walking group to promote the health and wellbeing of patients. The PPG members told us the practice were engaged with them and open to suggestions from the group.

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

As well as sharing negative feedback with staff to drive improvement within the practice, there were systems in place to share positive feedback. The practice had a book where nice comments and feedback were retained and recorded to encourage staff. We also saw that thank you cards were retained and displayed in staff areas.