

# Caddington Surgery

## Quality Report

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Date of inspection visit: 12 January 2016  
Date of publication: 21/04/2016

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

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

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

continuity of care. Urgent appointments were available the same day and there was an extended hours service. Appointments could be booked over the telephone or online.

- Patients were also offered telephone consultation appointments.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The area where the provider should make improvement is:

- Ensure policies are in place for all processes, are readily available and that timescales for review are adhered to.

**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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal 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.
- Appropriate recruitment checks were in place and undertaken for all staff.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- 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 multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- All patients in care homes were visited weekly by either the GP or community matron.

### 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

- 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.
- The practice had introduced a reminder system to contact families following a bereavement.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a comprehensive plan to avoid hospital admissions.
- Staff worked closely with the community teams to support the large traveller community in the area.

The practice administrative team created a daily list detailing out of hours referrals, walk in centre visits and patients who had been discharged from hospital, which the community matron reviewed daily.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings, however some policies were not available and there was no review process in place.

Good



# 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 knowing about 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 people.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- GPs and the community matron visited patients in care homes weekly.
- The community matron had developed an extensive programme to deal with avoiding hospital admissions
- All patients over the age of 75 were reviewed if not seen in the past 12 months and the community matron undertook over 75 health checks.
- Blood tests were available for patients aged over 75 who were unable to get to the hospital.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes indicators were above the national average, for example, the percentage of patients on the diabetes register, with a record of having a foot examination and that had been risk classified within the preceding 12 months was 98% where the national average was 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had reduced the number of hospital admissions for patients with long term conditions.

### 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. Immunisation rates were relatively high for all standard childhood immunisations.
- 74% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared to the CCG average of 77% and national average of 76%.
- 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.
- The uptake for cervical screening was 82% comparable to the national average of 80% to the CCG average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The practice worked closely with the health visitor to support the traveller community in the area.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice had consulted with the patients and the patient participation group and introduced extended hours appointments from 7.15am to 8am. These appointments could be booked in advance. Patients could also have a telephone consultation if preferred.

Good



## People whose circumstances may make them vulnerable

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.

Good



# Summary of findings

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

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

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

- 93% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%
- The percentage of patients experiencing poor mental health who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 100% where the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.
- The practice carried out dementia screening and referred to the memory service.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 249 survey forms were distributed and 114 were returned. This represented a response rate of 46%.

- 72% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 80% described the overall experience of their GP surgery as fairly good or very good (CCG average 76%, national average 73%).
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 76%).

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

We received 35 comment cards which were all positive about the standard of care received, with the exception of three cards which commented on difficulties getting appointments.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. They commented that the receptionists were helpful and that the clinical staff listened to them and they felt involved in decisions about their treatment. This was also reflected in the comments cards. We also spoke with four members of the patient participation group (PPG). A PPG is a group of patients who work with the practice to discuss and develop the services provided. We were told that the practice listened to their views and acted upon feedback. The practice communicated well with the group by email and letter and published an update in local newsletters.

## Areas for improvement

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

The area where the provider should make improvement is:

- Ensure policies are in place for all processes readily available and that timescales for review are adhered to.

# Caddington 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 advisor and a second inspector.

## Background to Caddington Surgery

Caddington Surgery provides a range of primary care services from its location at 33, Manor Rd, Luton, Bedfordshire which has purpose built premises with access for the disabled and a small car park in front of the building. The practice is arranged over two floors with consulting rooms on both floors. Patients with mobility issues are seen on the ground floor.

Primary care medical services are provided under a General Medical Services (GMS) contract to approximately 4858 patients. The practice has a lower than average number of male and female patients aged 0 to 39 and higher than average number of male and female patients aged 65 and over.

The practice had not had a full time practice manager for some time and the GPs had been undertaking some of the management of the practice. The practice had recruited a new practice manager who started the week of the inspection.

The clinical staff team consists of a male GP partner, three female GP partners and a female salaried GP. In addition there is a community matron, who is also an advanced nurse practitioner, two practice nurses and a health care assistant (HCA). The team is supported by a practice

manager, a senior administrative assistant and a team of administrative and reception staff. The practice is open every weekday from 8.30am to 6.30pm and is closed for an hour each day between 1.00 and 2.00pm except Thursdays. In response to patient feedback the practice has extended hours appointments on Wednesday 7.30am to 8am, Thursday 7.15am to 8am and Tuesday 6.30pm and 7.15pm. The practice has also increased the number of pre bookable appointments to allow patients requiring volunteer community transport to get to the surgery. Early appointments can be booked on-line. Telephone consultations are also available. Care UK provides a service for patients requiring a GP out of normal hours. Additional pre bookable appointments are made available following patient requests.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

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

- Spoke with a range of staff including three GP partners, two nurses, the practice manager, senior administrative assistant and a range of administrative staff. We spoke to four members of the patient participation group (PPG) (the PPG is a group of patients who work with the practice to discuss and develop the services provided) and spoke with four 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. A log of significant events was maintained by the practice manager. Significant events were discussed at weekly meetings between clinical staff and the practice manager. We saw evidence that significant event review meetings were held quarterly and that the practice carried out a thorough analysis of the significant events. We were told that during the time when there was no practice manager in place significant events were reported to the lead GP. Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.
- National Patient safety and medicines alerts were received into the practice by email to one of the GP partners and the community matron. We saw that safety alerts were received by the community matron who disseminated them to the relevant staff. Where appropriate, the alerts were discussed at weekly clinical meetings to ensure that appropriate action was taken and a plan put in place if necessary to ensure patient safety was maintained.
- When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and a written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level to manage safeguarding concerns.

- 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 wore a badge to identify them and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The community matron 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 vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. The community matron had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a

## Are services safe?

system for production of Patient Specific Directions to enable Health Care Assistants (HCA) to administer vaccinations after specific training when a doctor or nurse were on the premises.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health 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 that enough staff were on duty. The GPs had developed a 'buddy' system to ensure continuity of care for patients.

### 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. First aid kit and accident books 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.

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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96% of the total number of points available, with 7% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better than the CCG 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 was 98% (CCG average 90%, National average 88%)
- The percentage of patients with hypertension having regular blood pressure tests was 84% the same as the CCG and national averages.

Performance for mental health related indicators was better than the CCG and national average. For example, the

percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 100% (with 14% exception reporting) where the CCG average was 82% and the national average was 88%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- The practice had implemented changes following audits. For example, following a safeguarding audit the practice put in place weekly meetings with the health visitor, safeguarding had been added to the weekly meeting agenda. A system had been put in place to track staff training in all aspects of safeguarding and all safeguarding records were reviewed and updated.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. This was being reviewed to cover the health care assistant role.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. However, there was no evidence of a clinical supervision policy.

- All staff had had an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Specified time was allocated for specific training and all staff participated in protected learning time (PLT) sessions.

### Coordinating patient care and information sharing

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

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

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

The community matron had responsibility for monitoring avoidable patient admissions to hospital and had developed a system to review and manage those patients at risk. Patients who had been admitted to hospital had a complete review following discharge, assessing symptoms, medication, and social circumstances. Using this system the practice had reduced the number of admissions to hospital for patients with long term conditions. There was a multi-disciplinary approach to the reviews and included

statutory and voluntary organisations to support patients and their carers. There was also a comprehensive template to record patient information and incorporated an agreed care plan.

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice sent letters to patients monthly to invite and remind patients and carers of immunisation appointments, diabetic reviews, NHS health checks and smoking cessation advice. Patients were then signposted to the relevant service.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to 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 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 91% to 98% and five year olds from 91% to 100%.
- Flu vaccination rates for the over 65s were 76%, and at risk groups 45%. These were also comparable to CCG and national averages.

## Are services effective?

(for example, treatment is effective)

- Patients had access to appropriate health assessments and checks. These included health checks for new

patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# 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 35 patient Care Quality Commission comment cards we received were positive about the service experienced, with the exception of four comments about difficulties getting an appointment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the CCG and national averages for satisfaction scores on consultations with GPs and nurses. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 77% said the GP gave them enough time comparable to the CCG average of 86% and the national average of 82%, however patients that we spoke to told us that they felt they had sufficient time during their appointments.
- 99% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)

- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 95% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92, national average 90%).
- 94% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

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

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

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

- 85% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 89% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%)

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

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

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

The practice had identified 91 patients who were also carers this represents 2% of the practice list. Written information was available in the waiting area to direct

## Are services caring?

carers to the various avenues of support available to them including the local carers group in the village. Carers were also offered appointments with a local councillor at a nearby centre.

Staff told us that if families had suffered bereavement, their designated 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. The practice had a reminder on the system to contact all families following bereavement to check if any support was required.

# 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 improve outcomes for patients in the area.

- The practice offered early morning appointments on Tuesdays and Thursdays from 7.15am to 8am and on Wednesday evenings from 6.30pm to 7.15pm for working patients who could not attend during normal opening hours. The practice also offered telephone consultations to avoid unnecessary visits to the surgery.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients could be alerted to their appointment times by text message, or telephone call if required. The receptionist also gave out stickers with appointment dates and times as a reminder for older patients.
- The practice had consulted with patients and the patient participation group to agree whether to install a lift to improve access to the first floor consulting rooms. Following the discussions it was agreed that it was not cost effective to do this. The practice has a system that alerts the reception staff if a ground floor consulting room is required when a patient books an appointment.
- The practice has facilities for mothers who wish to breast feed. Blood tests could be carried out in the practice for older patients who cannot attend the hospital.

### Access to the service

The practice was open every weekday from 8.30am to 6.30pm and closed for an hour each day between 1.00 and 2.00pm except Thursdays. In response to patient feedback the practice had extended hours appointments on

Wednesday 7.30am to 8am, Thursday 7.15am to 8am and Tuesday 6.30pm and 7.15pm. Appointments for the early slots could be booked on-line and pre-booked in advance. Telephone consultations were also available. Care UK provided a service for patients requiring a GP out of normal hours. Urgent appointments were also available for people that needed them.

The practice had reviewed the pre bookable appointments following feedback from patients and had increased the number to allow patients relying on the local community transport to bring them to the surgery.

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.

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 72% patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 64% patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).

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

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- We saw that information was available to help patients understand the complaints system posters and leaflets were available in the reception area and on the website.
- The practice manager was the designated lead for complaints in the practice.
- All complaints were discussed and reviewed at practice meetings.

We looked at 10 complaints received in the last 12 months and found that they were satisfactorily handled in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of

# Are services responsive to people's needs?

(for example, to feedback?)

care. For example, following a complaint about test results, the practice changed its process and now inform patients of results rather than relying on the patient to contact the surgery.

# 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. They had a documented statement of purpose which included their aims and objectives. They had identified a good GP patient relationship with continuity and care and to develop team work and peer support in a positive working environment as their priorities.

### 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 for most processes and were available to all staff, however there was no centralised system in place to ensure that these documents could be readily reviewed
- There was a comprehensive understanding of the performance of the practice such as through the monitoring of the quality and outcomes framework (QOF)
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- The practice kept backup data off site.

### Leadership and culture

The practice was led by the GP partners with support from the community matron, other clinical and administrative teams. All patients were encouraged to see their named GP whenever possible, who took overall responsibility for their care including managing correspondence and test results. They prioritised high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The practice demonstrated through their significant events and complaints management that they were aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

### 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 patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. We spoke to four members of the PPG who told us that they were kept well informed by the practice. For example, minutes were distributed by email and through the post, and an update was published in the parish news. We saw evidence that the practice fed back on mobility issues within the practice and access to ground floor consulting rooms, the trial of prebookable appointments and increasing online and text facilities.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The community matron chaired the local practice nurse network meetings and shared information and learning with clinical colleagues.