

# Tanners Meadow Surgery

## Quality Report

Brockham Surgery  
Tanners Meadow  
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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 Tanners Meadow Surgery on 13 September 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of a hospital admission.
- The practice had given talks to local schools about the role of the GP surgery and had given some students the opportunity to complete work experience at the practice.
- The practice worked closely with local services including the local food bank and volunteer transport schemes.

# Summary of findings

- The practice was involved on the Get It On Scheme. (Get it On is a service for under 24 year olds living in Surrey who can have access to advice about sex and relationships and receive free condoms).
- There were two branch practices which enabled patients ease of access in the rural area. One of the branch practices were able to dispense medicines to eligible patients

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice and these were reviewed six monthly.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse. All staff knew how to raise a safeguarding concern.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Information about safety was valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a robust picture of safety.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 93% of patients described the overall experience of this GP practice as good compared to the Clinical Commissioning Group and the national average of 85%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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.
- There were two branch practices which enabled patients ease of access in the rural area. One of the branch practices were able to dispense medicines to eligible patients.
- Patients said they found it easy to make an appointment and urgent appointments were 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 website had information in relation to different long terms condition including information for asthma, diabetes and minor illness.

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 it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

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 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.
- The practice had given talks to local schools about the role of the GP surgery and had given some students the opportunity to complete work experience at the practice.

# 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.

- 37% of the practice population was over the age of 65, which was higher than the national average of 27% and the clinical commissioning group average of 32%. All of these patients had a named and accountable GP.
- The practice looked after patients at four nursing homes and two care homes.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Older patients with complex care needs and those at risk of hospital admission had care plans that were appropriately shared with local organisations to facilitate the continuity of care.
- The practice was working to the Gold Standards Framework for those patients with end of life care needs. (The Gold Standards Framework is a framework to enable a standard of care for all people nearing the end of their lives. The aim of the Gold Standards Framework is to develop a locally-based system to improve and optimise the organisation and quality of care for patients and their carers in the last year of life)
- Results from 2015 showed that 20% of practice patients died in hospital compared with the national average of 53%, showing that a higher number of patients died in the setting of their choice.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice conducted a higher number of home visits due to poor transport links in the area. Patients were also given information about local transport schemes.

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.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national

Good



# Summary of findings

averages. For example, 82% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months). The national average was 80% and the clinical commissioning group (CCG) average was 81%.

- 95% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was comparable with the national average of 90%
- 73% of patients with asthma had an asthma review in the previous 12 months. This was in line with the national average of 75%
- The practice offered regular blood testing clinics for patients on the blood thinning medicine warfarin, to monitor risks associated with this medicine.
- 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 website had information in relation to different long terms condition including information for asthma and diabetes.
- Two specialist diabetic nurses from Kingston hospital visited the practice every week.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 79% which was comparable to the clinical commissioning group (CCG) and national average of 82%
- The practice ensured that children needing emergency appointments would be seen on the same day.

Good





# Summary of findings

- The practice offered family planning and routine contraception services including implant/coil insertion.
- 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 was involved on the Get It On Scheme. (Get it On is a service for under 24 year olds living in Surrey who can have access to advice about sex and relationships and receive free condoms).
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.
- The practice gave talks at local schools and had given some students the opportunity to complete work experience at the practice.

## **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.
- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for giving up smoking.
- Clinics for family planning and routine contraception services were available at various times of the day.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice.

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.

Good



# Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available for patients who did not use English as a first language.
- The practice had a hearing loop for those patients with a hearing impairment.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers, and those patients who had carers, were flagged on the practice computer system and were signposted to the local services and the local carers support team.

## 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).

- 90% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, with the national average being 84%
- 91% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months, with the national average being 88%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice was able to offer counselling services at the main surgery and one of the branch surgeries and cognitive behavioural therapy was available through Improving Access to Psychological Therapies (IAPT) at all three surgeries.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line or above local and national averages. 238 survey forms were distributed and 106 were returned. This represented less than 1% of the practice's patient list.

- 89% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 67% and the national average of 73%.
- 89% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and the national average of 76%.
- 93% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 85% and the national average of 85%.
- 92% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and the national average of 79%.

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

We received 47 comment cards, which were all positive about the standard of care received. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Comments written by patients included that they felt staff were efficient, excellent and would recommend the practice. A few of the comments we received praised individual GPs and nurses for the care they had received and one patient told us that they felt the determination of the GP to ensure they had a diagnosis saved their life.

We spoke with six patients during the inspection including a member of the patient participation group (PPG). Four patients said they were satisfied with the care they received and thought staff were friendly, caring, and went the extra mile. Patients told us they were given advice about their care and treatment which they understood and which met their needs. They told us they always had enough time to discuss their medical concerns. Two patients we spoke with told us they had problems with their notes being transferred from their previous practice. We spoke with the practice manager who investigated the problem and was able to respond to the patients that day with a satisfactory end result.

# Tanners Meadow Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

## Background to Tanners Meadow Surgery

Tanners Meadow Surgery, also known as Brockham Surgery, offers primary medical services to the population of Betchworth and the surrounding area. There are approximately 12,000 registered patients. The practice has two branch surgeries. One of which is able to dispense medicines to patients living in a one mile radius (as the crow flies) from the surgery.

Tanners Meadow Surgery is situated in a semi-rural location in Betchworth. The ground floor has disabled access with a seated waiting area situated away from the booking in desk. All of the GP consulting rooms and treatment rooms are located on the ground floor. Staff offices and facilities are located on the first floor. There is a toilet for patients with disabilities on the ground floor, which has baby changing facilities.

Tanners Meadow Surgery is run by five partner GPs (three male and two female). The practice is also supported by seven salaried GP (six female and one male), four practice nurses and two healthcare assistants. The practice also has a team of receptionists, administrative staff, dispensing staff and dispensing manager, a business manager, a deputy practice manager and a practice manager.

Tanners Meadow Surgery is a training practice for FY2 doctors. (FY2 doctors are newly qualified doctors who are placed within a practice for four months and will have their own surgery where they see patients).

The practice runs a number of services for its patients including asthma reviews, child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from:-

#### The Main Surgery

Brockham Surgery, Tanners Meadow, Betchworth, Surrey, RH3 7NJ

#### Opening Times

Mon, Tues, Thurs, Fri 8am to 6.30pm and Wednesday 8am-5pm

#### And Branch Surgeries

Newdigate Surgery, (dispensing practice) Rusper Road, Newdigate, Surrey, RH5 5BE

#### Opening Times

Mon, Wed, Thu, Friday 8am - 6:30pm and Tuesday 8am - 5pm

North Holmwood Surgery, 1 Bentsbrook Close, North Holmwood, Surrey, RH5 4HY

#### Opening Times

Mon, Tues, Wed, Friday 8am - 6:30pm and Thursday 8am - 4pm

During the times when the both practices are closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 40 to over 85 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients

# Detailed findings

aged birth to 4 years and 15 to 39 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 September 2016. During our visit we:

- Spoke with a range of staff including GPs, practice nurses, a healthcare assistant, secretaries, reception and administration staff and the practice manager. We also spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again. For example; when a patient repeat prescription request was found attached to another patients request, the practice informed the patient about their breach in confidentiality and apologised.
- The practice carried out a thorough analysis of significant events and discussed these events at the monthly educational meetings where each one was reviewed six months after the event to check whether learning had been imbedded.
- The practice held a rolling programme of meetings which covered multiple topics. For example, practice meetings, multidiscipline team meetings, educational meetings and staff meetings. Topics such as audits, complaints and comments, significant events and updates were discussed at these meetings.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

The practice had a process to review and cascade medicines alerts received via the Medicines and Healthcare Regulatory products Agency (MHRA). When this raised concerns about specific medicines, searches were undertaken by the GPs to check individual patients and

ensure effective action was taken to ensure patient safety. For example, prescribing an alternative medicine if a concern had been raised about the safety of a particular medicine.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. The nurses were trained to child protection or child safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available. The practice had a 7.5% clinical exception rate. This was around average when compared with the national average and local clinical commissioning group. (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 comparable with the local clinical commissioning group and national averages. For example, 82% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was comparable to the national average of 78% and the clinical commissioning group (CCG) average of 81%.
- 83% of patients on the diabetes register had a record of a foot examination within the last 12 months, which was comparable to the national average of 88% and the CCG average of 81%.

- 81% of patients with hypertension had regular blood pressure tests, which was comparable to the CCG average of 80% and the national average of 84%.
- Performance for mental health related indicators were comparable to the national average. For example, 91% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 88%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness.
- We saw that the practice also completed audits for medicine management and infection control. For example, the practice completed regular audits for medicines prescribed. The audits were to ensure that prescribing was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients had a medicine review to ensure they were on the optimal medicine for their needs.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had completed an audit to ensure patients receiving oestrogen only hormone replacement therapy (HRT) were following Health and Care Excellence (NICE) guidelines. Where necessary patients were contacted and their care reviewed. This was re-audited in September 2016 where the practice found an improvement in their results and we saw a new practice protocol had been written.

### Effective staffing

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

- The practice had an effective induction programme for all newly appointed staff. We saw there was separate role-specific inductions for new staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

# Are services effective?

## (for example, treatment is effective)

- 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff were given dedicated time for training and the practice held monthly educational meetings for clinical staff. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. The practice had a system to make sure that any 'two-week wait' cancer referrals sent had been received by the relevant hospital department.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a three monthly basis when care plans were routinely reviewed and updated for end of life patients and those with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- Patients provided consent for specific interventions. For example, minor surgical procedures. The risk associated with the intervention was explained and then patients signed a consent form. The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
- Smoking cessation advice was available at the practice.
- Midwives and counsellors were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 79%, which was comparable with the clinical commissioning group (CCG) and national

## Are services effective? (for example, treatment is effective)

average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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.

- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 60% which was comparable with the clinical commissioning group (CCG) average of 59% and the national average of 58%.

- Most childhood immunisation rates for vaccines given were comparable with the CCG average. For example, 79% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine compared to the CCG average of 82%. A system was in place for the practice to contact the parent or carer of those patients who did not attend for their immunisations.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The practice had installed an electronic booking-in system which helped with patient confidentiality.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- GPs told us that on many occasions, visits were conducted outside of core hours to patients who required extra help. We were told of a palliative care patient who had wished to die at home. The GP stayed with the patient so as they would not be taken into hospital.
- The practice worked closely with local services including a local food bank and volunteer transport schemes.

All of the 47 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were friendly, caring and treated them with dignity and respect.

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

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

- 91% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 93% of patients who responded said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 90% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 94% of patients who responded 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 91%.
- 86% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

The practice participated in the hospital admission avoidance scheme and maintained a register of patients who were at high risk of admission. These patients were identified on the electronic patient record. The care of these patients was proactively managed using care plans. Unplanned admissions were also discussed at meetings to identify any improvements necessary.

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 or above local and national averages. For example:

## Are services caring?

- 93% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 91% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%.
- 87% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 88% and the national average of 85%

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

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

The practice website also had the functionality to translate the practice information into approximately 90 different languages.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 198 patients as carers (nearly 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice also had information for carers on their website.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice used text messaging to remind patients of appointments.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- There were toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day so patients could still ring for appointments, collect prescriptions or drop off prescriptions or samples during the lunchtime period.
- The practice telephoned patients on discharge from hospital to offer support, and enquire whether a visit or other assistance was required.
- The practice offered NHS health-checks and advice for diet and weight reduction

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday with the exception of Wednesday when the

practice closed at 5pm. In addition to pre-bookable appointments that could be booked in advance, telephone consultations and urgent appointments were also available for patients that needed them.

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

- 74% of patients who responded were satisfied with the practice's opening hours compared to the clinical commission group (CCG) average of 72% and the national average of 78%.
- 89% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 67% and the national average of 73%.

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

The practice had a system in place to assess:

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

Reception staff recorded information centrally on the practice's electronic system. GPs tried to ensure that where possible the patient's regular GP conducted the home visit for continuity of care. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- On the day of the inspection, two patients we spoke with told us they had problems with their notes being transferred from their previous practice. We spoke with the practice manager who investigated the problem and was able to respond to the patients that day with a satisfactory end result.

## Are services responsive to people's needs? (for example, to feedback?)

- There were posters on display in the waiting area and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided.
- None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning

points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, after receiving complaints from a patient survey about the telephone system, the practice implement a more suitable system.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice ethos included providing a high standard of medical care to the whole population and to ensuring that all members of the team had the right skills and training to carry out their duties competently.
- The practice's aims and objectives were detailed within the practice's statement of purpose.
- Staff we spoke with demonstrated awareness of the practice vision and values, and knew what their responsibilities were in relation to these.
- The practice had a supporting business plan which reflected the vision and values.

We spoke with 15 members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. We saw that GPs had special interests and additional qualifications in a range of areas. For example in

contraception and sexual health, and training for FY2 doctors (FY2 doctors are newly qualified doctors who are placed within a practice for four months and will have their own surgery where they see patients). They told us they prioritised safe, high quality and compassionate care. Staff throughout the practice were proud of their work and there were high levels of staff satisfaction. They told us that felt there was pro-active culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen and they were actively encouraged to raise any concerns or suggestions.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us they attended regular team meetings, as well as full practice meetings which were minuted. They told us they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so
- The practice staff told us they worked well as a team and attended social events, they felt this helped to build an effective working relationship and an open culture in the practice.
- 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.



# Are services well-led?

Good 

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

## 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. The overall aim of the PPG group was to develop a positive and constructive relationship between patients, the practice and the community it serves, ensuring the practice remained accountable and responsive to all its patients needs. The local aspirations were to:-

- Create and improve two-way communication between patients and the practice.
- Develop a sense of partnership between the practice and patients.
- Provide an avenue for patients' input in the way facilities and services are planned and executed and influence those services.
- Provide constructive two-way feedback on patient and community needs, concerns and interests.
- Support the practice in health promotion, preventative medicine and health literacy.

- Collect patient opinions and experiences to help the practice to evaluate its services.
- Communicate to the practice community and/or the wider community information about the practice.

The practice had gathered feedback from staff through a yearly staff survey, the last being in June 2016 and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

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

- The practice planned to extend training to include nurse students and paramedics.
- The practice was researching the role of the physicians associate to see if it would be beneficial to the practice and its patients.