

Springfield Surgery

Quality Report

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Date of inspection visit: 17 March 2016

Date of publication: 23/05/2016

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10

Detailed findings from this inspection

Our inspection team	11
Background to Springfield Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Springfield Surgery on 17 March 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 the majority of risks were well managed.
- The practice was part of a local frailty initiative to provide care and support for frail patients.
- 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.
- Feedback from patients about their care was consistently and strongly positive.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- There was an active patient participation group who organised health education events.
- 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 areas where the provider should make improvement are:

Summary of findings

- Ensure that regular fire alarm checks continue to be carried out and documented, and ensure that fire drills are carried out as planned and documented.
- Ensure the infection control audit is reviewed once completed and ensure any actions identified are noted with a timescale for completion.
- Review how patients on the diabetic register are cared for and monitored to ensure they are getting the regular checks required for managing their condition as outlined in the Quality and Outcomes Framework (QOF).

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.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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 the majority of risks were well managed. The practice immediately corrected any issues highlighted as part of the inspection.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average for the majority of indicators, except for diabetes.
- 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.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for almost all aspects of care. For example 97% of patients said the GP was good at listening

Good



Summary of findings

to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%. 97% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%)

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- 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.
- The practice had identified 4% of the patient list as carers and worked with the carers to help them get support if needed.

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. The practice was part of a local frailty initiative to provide care and support for frail patients.
- Patients said they found it very easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice provided rapid access to patients, including those who had minor injuries, providing a valuable service to local people.
- The doctors provided their mobile phone contact number to patients in critical need to provide continuity of care outside surgery hours.
- 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice had recently installed a new telephone system and feedback showed it was easy to get through to the practice by phone.

Good



Summary of findings

Are services well-led?

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

- The practice had a clear vision to deliver high quality, appropriate and effective patient care. 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.
- 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.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice participated in a local frailty initiative to prevent admission to hospital. This involved attending local multidisciplinary team meetings with social care and the geriatrician to plan the care needed for frail people.
- The doctor contacted patients who had been discharged from hospital following an emergency admission to ensure they had the medical support they needed.
- The practice carried out weekly visits at three care homes for older people and feedback from the homes was mixed. One home highly praised the service received from the doctor and the administrative support whilst another raised concerns over the timing of the visits.
- The practice worked closely with the community matron and held regular review meetings for frail patients.
- The practice facilitated reviews with the pharmacist for patients taking a lot of different medicines.

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.
- 76% of patients on the diabetes register had a record of a foot examination and classification which was below the national average of 88%. The percentage of patients with diabetes, on the register, in whom the last blood pressure was 140/80 mmHg or less was 70%, which was below the national average of 78%. The practice were reviewing their approach to managing diabetes as their lead nurse for diabetes had recently left the practice.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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.
- 70% of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 75%
- 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.
- 79% of eligible female patients had a cervical screening test which was slightly below the national average of 82%.
- 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 and health visitors.
- The practice provided rapid access to patients, including those who had minor injuries, providing a valuable service to local people.

Good



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 for booking appointments and ordering repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs for this age group.
- Electronic prescribing allowed prescriptions to be sent to a pharmacy near to the workplace.

Good



Summary of findings

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 patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable 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.

Good



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).

- 89% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is better than the national average of 84%.
- 87% of patients experiencing poor mental health had an agreed care plan, which is in line with the national average of 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 had good working relationships with the community mental health teams including dementia community psychiatric nurses.
- 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.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 232 survey forms were distributed and 117 were returned. This represented 3% of the practice's patient list.

- 98% of patients found it easy to get through to this surgery by phone compared to a Clinical Commissioning Group (CCG) average of 79% and a national average of 73%.
- 94% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 90% and national average 85%).
- 93% of patients described the overall experience of their GP surgery as good (CCG average 90% and national average 85%).
- 81% of patients said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 85% and national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards which were all positive about the standard of care received. Patients stated that they found staff extremely helpful and kind. The doctors received lots of praise for explaining things clearly, listening well and being extremely caring. Many patients commented that they had received excellent service from the practice and felt lucky to have such a good service in their village.

We spoke with eleven patients during the inspection, including seven members of the patient participation group. All eleven patients said they were happy with the care they received and thought staff were approachable, committed and caring. The friends and family test results for the last year showed that 91% of patients would recommend the practice, based on 65 responses.

Areas for improvement

Action the service SHOULD take to improve

- Ensure that regular fire alarm checks continue to be carried out and documented, and ensure that fire drills are carried out as planned and documented.
- Ensure the infection control audit is reviewed once completed and ensure any actions identified are noted with a timescale for completion.
- Review how patients on the diabetic register are cared for and monitored to ensure they are getting the regular checks required for managing their condition as outlined in the Quality and Outcomes Framework (QOF).

Springfield Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector, together with a GP specialist adviser.

Background to Springfield Surgery

Springfield Surgery is located in the village of Elstead, five miles from the nearest town of Godalming. The practice covers a semi-rural area, and transport links from the village are limited. The surgery is all on ground floor level. The practice operates from:

Springfield

Elstead

Godalming

GU8 6EG

There are approximately 3,900 patients registered at the practice. Statistics show very little income deprivation among the registered population. The registered population is lower than average for 10-39 year olds and higher than average for those aged 45 and above. The practice has a very high proportion of elderly patients with 13.7% of the population over 75 (national average 7.8%) and 4.6% over 85 (national average 2.3%). There are fewer patients of working age than the national average (49% compared to 62%) and a higher proportion of adults with a long standing health condition (59% compared to national average of 54%).

The practice has two partners and one salaried GP (one male and two female). One of the doctors works full time

and the other two work part time. There are three practice nurses and one health care assistant who all work part time. There are eight part time receptionists led by a practice manager.

The practice is open from 8am to 6.30pm from Monday to Friday. Appointments are from 8.10am to 11.30am and 3pm to 6pm. Patients can book appointments in person, by phone or on line. Telephone lines are open from 8am to 6.30pm.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

The practice has a General Medical Services (GMS) contract. GMS contracts are nationally agreed between the General Medical Council and NHS England.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 17 March 2016. During our visit we:

- Spoke with a range of staff (GPs, practice nurses, practice manager, administration and reception staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

We spoke with three local care homes about the service received from the practice. They told us that patients were treated with dignity and respect but gave mixed feedback on other matters. One told us that the doctors were very responsive and visited when needed, whereas another said visits were often later in the evening which was less convenient.

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 practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a patient was given a travel vaccination which was out of date due to a misreading of the expiry date. The patient subsequently had to be revaccinated. This incident was investigated and a system put in place where all vaccines were checked monthly and a log kept of all expiry dates.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements. We saw evidence of an alert that had been recorded on the practice system. Policies were accessible to all staff. We saw that 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 Safeguarding level three.
- A notice in the consulting rooms advised patients that chaperones were available if required. All staff who

acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw some evidence that action was taken to address improvements identified as a result, such as handwashing updates. However we saw evidence that the audit had missed one area which was that there was a plug in a hand wash basin in a clinical room. The practice said they would take action to rectify this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- 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 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

Most risks to patients were assessed and well managed.

Are services safe?

- 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, however they had not had a fire drill for two years, although one was scheduled within the next few weeks. Fire alarms were checked but the records of the checks had not been consistently completed in the last few months, this had occurred since a change of staff and was rectified immediately following the inspection. 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 and staff were multiskilled so they could cover different roles.

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, as well as a panic button in reception and in the clinical rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

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 91% of the total number of points available, with 3.3% 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 an outlier for one QOF indicator, diabetes. Data from 2014/15 showed:

- Performance for diabetes related indicators was worse than the national average. 76% of patients on the diabetes register had a record of a foot examination and classification which was below the national average of 88%. The percentage of patients with diabetes having regular blood pressure tests with a reading of 140/80mmHg or less was lower than the national average (practice 70%, national 78%).
- The percentage of patients with hypertension having regular blood pressure tests was lower than the national average (practice 78%, national 84%).
- Performance for mental health related indicators was in line with the national average. 87% of patients experiencing poor mental health had an agreed care plan, which is similar to the national average of 88%.

The practice were aware of the lower performance in diabetes for QOF. They had trained a practice nurse to be the diabetic lead but she had left the practice recently, so they were considering other ways to address this issue.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two 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.
- Findings were used by the practice to improve services. For example, the practice had reviewed patients on long term aspirin medication, to assess the risks against the benefits of prescribing aspirin for health prevention reasons. This review had highlighted a number of patients where there were not strong indications to continue on aspirin, and the practice had written to these patients to give them the option to stop this medicine.

Information about patients' outcomes was used to make improvements. The practice had carried out a review of patients with asthma and had identified patients who would benefit from a medication review consultation. This resulted in a change of inhaler for some patients and advice on inhaler technique.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff 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.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice participated in the local frailty initiative to prevent admissions. They worked with the multidisciplinary teams to ensure patients received the right level of support from specialist services, such as falls prevention and the geriatrician.

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.

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.
- The process for seeking consent was monitored through records audits. We saw an example of a consent form for a minor operation.

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 and weight management. Patients were then signposted to the relevant service.
- Smoking cessation advice and weight management programmes were available from local support groups.

The practice's uptake for the cervical screening programme was 79%, which was slightly lower than the national average of 82%. There was a policy to send reminder letters to patients who did not attend for their cervical screening test, and doctors and nurses encouraged patients to take part in screening. 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 better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 83% to 100% and five year olds from 68% to 97%.

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 but two of the 27 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven members of the patient participation group (PPG). They also told us they were very 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:

- 97% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and national average of 89%.
- 93% of patients said the GP gave them enough time (CCG average 90% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97% and national average 95%).
- 95% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 90% and national average 85%).

- 92% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93% and national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 89% and 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 better than local and national averages for GPs and below local and national averages for nurses. For example:

- 99% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 86%.
- 97% said the last GP they saw was good at involving them in decisions about their care (CCG average 88% and national average 82%)
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87% and national average 85%)

Staff told us that they had very few patients who did not have English as a first language. They were aware that they could use a language line for translation services.

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's computer system alerted GPs if a patient was also a carer. The practice had identified 4% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice took part in a local frailty initiative, identifying patients at risk of admission to hospital. They discussed these patients at monthly locality multi-disciplinary meetings with the geriatrician and social care to ensure they had the support needed.

- The practice offered flexible appointments during its opening hours of 8am to 6.30pm and in addition offered appointments outside these times if needed.
- The doctors provided mobile phone access outside the surgery opening hours to patients at critical times, for example at end of life.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- The practice provided rapid access to patients, including those who had minor injuries, providing a valuable service to local people.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities available. The practice had installed automated doors to improve access.
- The practice allowed other health practitioners such as the chiropodist and physiotherapist to use rooms on site to provide services to the local population which were easy to access. The physiotherapist provided a number of NHS sessions to patients as part of this arrangement.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.10am to 11.30am every morning and 3pm to 5pm or 4pm to 6pm daily. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could get through to the surgery and speak to the GP they prefer was much better than local and national averages.

- 98% of patients said they could get through easily to the surgery by phone (CCG average 78% and national average 73%).
- 82% of patients said they usually get to see or speak to the GP they prefer (CCG average 63% and national average 59%).

Results from the national GP patient survey showed that patient's satisfaction with the practice opening hours was lower than the local and national averages.

- 67% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 72% and national average of 75%.

Patients 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.

- The complaint policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a poster on display in the waiting room and a complaints leaflet available from reception.

The practice had received one complaint in the last 12 months which we reviewed and found it had been satisfactorily handled. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, there had been an issue regarding what information could be released to a third party regarding a patient when there was concern about the patient's welfare. The practice clarified the rules to all its staff at a staff meeting, and advised staff to encourage the person raising the concern to contact the emergency services or social services if necessary.

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, appropriate and effective patient care.

- The practice had a clear ethos and values which staff knew and understood.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected patients 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. The practice 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, reviewed patient surveys and discussed proposals for improvements with the practice management team. For example, the practice had installed automated doors to improve access to the building and organised a disabled parking bay in the road outside the surgery.
- The PPG had organised open health events in the village with expert speakers to discuss health prevention ideas and long term condition management.
- 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. A member of staff had recently amended the fax cover sheet to add a disclaimer following an issue with a fax number being wrongly entered; this approach had been discussed and agreed amongst the administration team. Staff told us they felt involved and engaged to improve how the practice was run.

Are services well-led?

Good 

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

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, for example the partners were working with the Clinical Commissioning

Group and local GP federation to understand the local health economy and influence how to secure the future for the practice. The practice supported new initiatives and was working closely with a charity to host a support worker for elderly patients.