Kennet Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kennet Surgery on 3 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect.
- Information about services and how to complain was available and easy to understand. It was also available in languages other than English.
- 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:

- To reflect upon the national patient survey feedback relating to explaining tests and treatments and involving patients in decisions about their care. The practice results were lower than average from patients who answered these questions.
- To communicate the changes made in the appointment system to ensure patients are aware of the range of appointments available.
- Ensure patients who carry out caring responsibilities are registered as carers.

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?

Good

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 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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were average for the locality although some were below the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.
- The practice engaged with the CCG to secure improvements in outcomes. For example it was working on a diabetes project to improve screening for and treatment of diabetes.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice similarly or better than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of their local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice offered enhanced access to Saturday morning appointments by working with a neighbouring practice.
- Patients said they could access urgent appointments available the same day. The practice had updated their appointment system to provide better access to named GPs and next day appointments.
- 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.

Are services well-led?

Good

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

- The practice had a clear strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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

Summary of findings

- 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 improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- Care and treatment of older patients reflected current evidence-based practice. The practice had identified over 2% of patients with a higher risk of hospital admission and had care plans in place for these patients.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older patients were generally above average. For example 100% of the indicators for lung disease had been achieved compared to the CCG average of 96%.

People with long term conditions

Good

The practice is rated as good for the care of patients 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.
- The practice achieved 80% of the indicators for care of patients with diabetes which was the same as the CCG average but below the national average of 90%. The practice was working with the CCG on a project to improve this performance.
- 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.

Families, children and young people

Good

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

Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Data showed the practice had carried out an asthma review for 81% of patients on the asthma register compared to the CCG and national average of 73%
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.
- The screening rate for cervical cancer was 81% compared to the national average of 82%.

Working age people (including those recently retired and students)

Good

The practice is rated as good for the care of working-age patients (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.
- Evening extended hours clinics were offered on two evenings a week and there were Saturday clinics on two Saturday's every month.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people 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.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- 83% of patients diagnosed as living with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was 1% below both the CCG and national average of 84%. However, the practice had not exempted any patients diagnosed as living with dementia from this standard compared to the CCG exception rate of 4% and national exception rate of 8%.
- The practice achievement of the national indicators for patients with long term mental health problems was 89% which was marginally below the CCG average of 91% and national average of 93%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living 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.

Summary of findings

What people who use the service say

The national GP patient survey results used were those published in January 2016. The results showed mixed performance compared to local and national averages. However the national survey included patients who used the branch surgery and we could not distinguish how many from each location completed the survey. Three hundred and seventy-five survey forms were distributed and 122 were returned. This represented a 33% return rate and was approximately two and a half per cent of the practice's patient list.

- 76% found it easy to get through to this surgery by phone compared to a CCG average of 74% and a national average of 73%.
- 73% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.
- 76% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average of 83% and national average of 85%.
- 65% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. We also spoke with nine patients during the inspection. All nine patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us, in person and on the comment cards, how dedicated the GPs were and how professional and helpful the staff were. There were examples of the GPs undertaking home visits and making courtesy calls to patients when they were not on duty. Any negative comments we received related to access to appointments.

We reviewed the results of the friends and family recommendation test. The returns seen were from December 2014 to January 2016. These showed that a total of 697 patients had responded to the test. Of these 84% were either likely or very likely to recommend the practice to others. However, only 5% had said they were unlikely or highly likely to recommend whilst the remaining 11% were neither likely nor unlikely to recommend or said they did not know. The response from this wider survey of patients was far more positive than that of the national patient survey.

Areas for improvement

Action the service SHOULD take to improve

- To reflect upon the national patient survey feedback relating to explaining tests and treatments and involving patients in decisions about their care. The practice results were lower than average from patients who answered these questions.
- To communicate the changes made in the appointment system to ensure patients are aware of the range of appointments available.
- Ensure patients who carry out caring responsibilities are registered as carers.

Kennet 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 nurse specialist adviser.

Background to Kennet Surgery

Kennet surgery is located in a shop that was converted in 1983. A number of extensions and refurbishments to the premises have taken place since the practice first opened. The practice also offers a service from a branch surgery nearby. This location is registered independently to the main practice and was not inspected as part of our visit. The practice does not have a car park for patients because the location offers too limited a space to install one. However, on street parking is available immediately outside the main entrance. There is ramped access and a system to alert reception staff to the arrival of a patient in a wheelchair or patient needing assistance with a pram or pushchair. The practice has assessed the feasibility of installing automated entry doors. Due to the proximity of the pavement and the limited space for a sliding door this was not possible. Bus routes pass nearby enabling easy public transport access to the practice.

There are approximately 4,500 patients registered with the practice. The profile of the registered patient group shows a far higher than average number aged between 0 years and 44 years old. The number of patients over 44 is much lower than average. The practice has identified 62% of its practice population from South Asia and income deprivation is recognised within pockets of the registered population. Patients are able to access appointments with the GPs and nurses at either of the registered locations.

There are two partners at the practice. One male and one female. They work a total of 13 clinical sessions and employ regular locum GPs for a further three sessions. This makes up the equivalent of two GPs. One of the partners has completed the first stage of their training to become a trainer for qualified doctors seeking to become GPs. There is a part time nurse practitioner, a full time practice nurse and a part time health care assistant. The practice manager is supported by a head of reception and a team of seven administration and reception staff.

Services are delivered via a Personal Medical Services (PMS) contract. A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

The practice is open from 8am to 6.30pm every weekday. Appointments are available between 9am and 11.50am each morning and from 3.30pm to 5.50pm every afternoon. Extended hour clinics are offered every Thursday evening between 6.30pm and 7.30pm and on the first Saturday of each month between 8.30am and 11.30am. The Saturday clinics are shared with another local practice which enables patients registered with the Kennet Surgery to be seen on a second Saturday each month although they may not be seen by their usual GP. There is also an extended hour service offered at the branch surgery on a Tuesday evening which patients from the Kennet Surgery can access.

Services are provided from:

The Kennet Surgery, 30 Cholmely Road, Reading, Berkshire, RG1 3NQ and

Detailed findings

The Surgery, 81 Christchurch road, Reading, Berkshire, RG2 7BD (registered as an independent location with the CQC)

The practice has opted out of providing out of hours services to their patients. Out of hours services are provided by Westcall. This out of hours service is accessed by calling 111. A message on the practice telephone system advises patients to call this number when the practice is closed. The arrangements in place for services to be provided when the surgery is closed are displayed at the practice, in the patient information leaflet and on the practice website.

This is the first inspection of the Kennet Surgery.

Why we carried out this inspection

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

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

How we carried out this inspection

Before 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 3 March 2016.

During our visit we:

- Spoke with both the GP partners, the nurse practitioner, practice nurse and health care assistant. We also spoke with the Reception team leader and two members of the reception team.
- Spoke with nine patients including two member of the practice's patient participation group (PPG). (A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care).
- Observed how patients were being cared for and talked with family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients 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.

Good

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 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 and national patient safety alerts and minutes of meetings where these were discussed. We reviewed the folder containing records of patient safety alerts. This showed us that the GPs in the practice signed to confirm receipt and detailed the action taken to respond to the alert.

We also reviewed the significant event reports held by the practice and minutes of meeting where the events were shared for learning purposes. These showed us that learning was shared and followed up to make sure action was taken to improve safety in the practice. For example, when a problem arose with the district nursing team supporting a patient who needed a suture removed and they were unable to do so. The outcome was discussed with the district nursing team and the clinical commissioning group (CCG) (A CCG is a group of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services) to ensure a similar incident did not occur in the future.

When there were 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 and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead 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
- A notice in the waiting room advised patients that chaperones were available if required. There were also notices on the consulting and treatment room doors advising patients of the availability of this service. 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 evidence that action was taken to address any improvements identified as a result. We reviewed minutes of staff meetings that showed the actions were discussed. These also showed that staff had been briefed in their roles to reduce the risk of cross infection. In the absence of the practice manager the action plan could not be located during the inspection. This was sent to us within two working days of the inspection.
- Our observations in the treatment room found the practice nurse was not using anappropriate sharps bin to dispose of some syringes. When we discussed this with the GP and nurse they arranged immediate delivery of the required sharps bin. We were sent photographic evidence within two days of the inspection to show this had been delivered and was in use.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team, 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 (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a set of written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).

- We reviewed four personnel files, all were for staff appointed since April 2013, 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. We also noted that appropriate pre-employment checks had been completed for the locum GPs employed. There was also a locum induction pack available.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with supporting risk assessments. For example a risk assessment for manual handling and access and exit to and from the practice. A poster advising the name of the local safety representative was in the staff office. 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).
- The practice had an up to date fire risk assessment and carried out regular fire drills. However, we noted that an action had not been taken to address a risk identified in the fire risk assessment. The assessment showed that staff working in the first floor office were not protected by a fire resistant door and had no means of escape from their office if a fire broke out in the stairwell or on the stairs. We discussed this finding with the lead GP. They sent us photographic evidence showing that within two days of the inspection a fire retardant door had been installed to the office.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The practice identified appropriate staff cover arrangements to ensure services were maintained and there were enough staff on duty to keep patients safe. For example, the GPs carried an emergency phone when they were at the branch location in case the nurse practitioner needed them urgently. The reception team leader and a receptionist had been trained to cover the medical secretary when this member of staff was absent from the practice.

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 basic life support training.
- 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 available 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. However, we found the emergency medicines were in a locked cupboard inside the treatment room that was locked when not in use. We discussed this finding with the lead GP and practice nurse and they took action to place the emergency medicines in a box on the emergency trolley to ensure they could be accessed more rapidly in the event of an emergency.
- 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. We were given an example of the practice instituting their contingency plan when a power cut occurred. Manual records of patient treatment were kept for two hours until power was restored to the computerised record system.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through .

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 93% of the total number of points available compared to the CCG average of 90% and national average of 96%. The exception reporting rate was 8% compared to the CCG average of 7% and national average of 9%. (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 2014/15 showed;

- Performance for diabetes related indicators was the same as the CCG average at 80% compared to the national average of 90%. The practice recognised there was need for improvement in caring for patients with this long term condition and had embarked on a project with the CCG to raise their performance. They were working closely with the local diabetes specialists and had introduced a bi-monthly 'virtual' clinic with the consultant. Early indications were that care of patients with diabetes was improving. The practice was also active in encouraging patients whose first language was not English to contact a voluntary group. This group specialised in explaining the signs of and consequences of diabetes in a range of languages.
- The percentage of patients with clinically diagnosed high blood pressure achieving the target blood pressure was 81% which was the same as the CCG average and just below the national average of 84%. However, this was achieved with an exception rate of 2% compared to the national average of 4%.
- The practice had less than 1% of their registered patients diagnosed with long term mental health problems. Their performance for mental health related indicators was below the CCG and national averages. They had achieved 89% of the indicators for this group compared to the CCG average of 91% and national average of 93%.
- The percentage of patients diagnosed with depression having an initial assessment and a follow up assessment within 56 days of diagnosis was 100% compared to the national CCG average of 83% and national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits undertaken in the last two years, three 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, recent action taken as a result included ensuring best practice guidelines were followed when treating patients with urinary tract infections. The first audit identified that in 59% of cases the patient had received a specific urine test before antibiotics were prescribed. The test was advised as best practice. GPs were reminded of the best practice guidance at a clinical meeting. The second audit carried out six months later showed that the number of patients receiving the urine test before antibiotics were prescribed had risen to 92%.
- The practice had also carried out an audit of the conditions patients presented with at appointments during March 2015. This showed that 40% of the patients attending were diagnosed with minor illnesses. The practice appointed a part time practitioner with experience of dealing with minor illnesses. This enabled the GPs to deal with more complex health issues.

Good

Are services effective?

(for example, treatment is effective)

Information about patients' outcomes was used to make improvements such as changing the dosage of cholesterol lowering medicine for patients with diabetes to achieve a lower cholesterol level. This was linked to enhanced education for the patients with high cholesterol to stress the long term benefits of maintaining low cholesterol levels in avoiding future heart conditions.

Effective staffing

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

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

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 practice did not undertake surgical procedures requiring the use of a scalpel. However, one of the GPs carried out joint injections. We saw that information about the benefits and risks of such injections was given to the patient receiving the injection. Written consent to proceed with the injection was also obtained and recorded in the patient's medical record.

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.

Good

Are services effective?

(for example, treatment is effective)

- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81% which was similar to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages. A range of advice leaflets in different languages were held in the treatment room. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The rates for attending the screening programmes were low compared to national averages but were similar to the CCG averages. For example, women eligible for breast screening and attending for screening within six months of invitation was 67% compared to the CCG average of 69%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 87% to 92% compared to the CCG range of 81% to 93%. For five year olds the practice rates were above the CCG average being 86% to 96% compared to the CCG average of 81% to 92%.

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.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 45 patient Care Quality Commission comment cards we received contained positive comments about the caring attitude of the GPs, nursing and reception staff. Patients said they felt the practice offered an excellent service and staff were helpful and treated them with dignity and respect. The five negative comments included on the cards related to access to appointments.

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

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

- 86% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 93% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 88% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 91%.
- 87% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%.

However,

- 78% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and national average of 85%.

We were given examples by patients we spoke with, and on the comment cards, of the GPs offering significant care and support to patients and their families. For example, carrying out home visits when the practice had already handed over responsibility to the out of hours service. Also calling patients to find out how their treatment was progressing.

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 similar to local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 78% and national average of 82%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The results from the national survey included patients who would normally attend the branch surgery. Because this location was registered separately with the CQC we did not

Good

Are services caring?

speak to or gather comment cards from this group of patients. The significant majority of comments on the 45 comment cards received and all the patients we spoke with were more positive when answering these questions. They informed us of high levels of involvement in making decisions about their care and receiving explanations of care and treatment that they understood from both the GPs and nurses.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. There were also a number of posters translated into the two most frequently used languages.

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 0.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. There was a section of the patient information noticeboard dedicated to promoting resources available to carers and encouraging carers to inform the practice of their caring responsibilities. We were told that due to cultural reasons patients registered with the practice were less likely to declare themselves as carers because they regarded their caring responsibilities as integral to their family and community commitments.

Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone. 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example it was taking part in a project to improve diabetes care and was already demonstrating an improvement in this area.

- There were extended hours appointments for patients who found it difficult to attend during normal working hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions. When a parent of a child under eight years old called they were offered an immediate telephone consultation with a GP. The GP was then able to assess the urgency of the matter and give advice or plan a face-to-face consultation.
- There were disabled facilities, a hearing loop and translation services available.
- The consulting and treatment rooms were all on the ground floor.

Access to the service

The practice was open between 8am to 6.30pm Monday to Friday. Appointments were from 9am to 11.50am every morning and 3.30pm to 5.50pm daily. Extended surgery hours were offered at the branch surgery on a Tuesday evening between 6.30pm and 7.30pm and at Kennet Surgery on Thursday evenings between 6.30pm and 7.30pm. A Saturday extended hours clinic was held at the practice on the first Saturday of the month shared with another local practice. There was a reciprocal agreement on a second Saturday in the month at the other practice nearby. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 76% patients said they could get through easily to the surgery by phone compared to the CCG average of 74% and national average of 73%.
- 50% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 58% and national average of 59%.

The practice was aware of their lower than average rating in regard to patients seeing or speaking to their GP of choice. They had shared the results of the national survey with the PPG. Members of the PPG made some suggestions about reorganising the appointment system which the practice had implemented. None of the 45 comment cards or patients we spoke with made reference to not being able to access their preferred GP.

Most patients told us on the day of the inspection that they were able to get appointments when they needed them. Some of the patients we spoke with were not aware that the practice had changed their appointment system in the last two months. They did not realise that appointments for the following day were released on a daily basis. They understood the system was to only offer on the day or book a week in advance appointments. The practice had not informed patients that the appointment system had changed and reception staff were not informing patients that appointments were available the next day when patients called. The practice told us they would publicise the changes they had made.

We reviewed the practice's appointment system. This showed us that urgent appointments remained available on the day of inspection. The practice released a group of appointments each day for the next day and we saw that four of the next day appointments remained available. We also saw that patients who wanted to plan their appointment in advance would have been able to obtain a pre-bookable appointment eight working days after the inspection date.

Listening and learning from concerns and complaints

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. It was displayed on noticeboards in the waiting room and had been translated into other languages most commonly spoken by patients. The procedure was also detailed in the patient leaflet and on the practice website.
- Staff we spoke with were fully aware of the practice complaints procedure and told us they would offer the patient expressing a concern an immediate meeting with the practice manager. Should the patient wish to formalise their complaint there was a complaints form available to complete if they did not want to write a letter or send in an e-mail.

We looked at five complaints received in the last 12 months and found all had been addressed in a timely manner. They had been answered openly following investigation of the concern raised. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient raised a complaint regarding the GPs perceived lack of awareness about a particular medical condition. The GP discussed the concerns with the patient, updated their learning about the condition and offered a full apology to the patient. The GP also used the learning as part of their appraisal process and raised a significant event report to ensure the other GPs and nurses shared in the learning about the condition involved.

Are services well-led?

Good

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

Our findings

Vision and strategy

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

- The practice had a set of values which were displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plan which reflected the vision and values and this was 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
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, we found minor examples of when this was operated inconsistently.

Leadership and culture

The partners in the practice 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 them.

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 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly and submitted proposals for improvements to the practice management team. For example, the PPG had advised the practice of the need for a website. The PPG members we spoke with told us the practice introduced a website and included a translation facility to assist the large number of registered patients whose first language was not English.
- The practice had gathered feedback from staff through staff meetings, day-to-day discussions and appraisals. 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. For example, one member of staff had taken responsibility for organising the recall of patients with diabetes and had updated the system for doing so.

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, making use of the mobile diabetes screening service. Also one of the partners had completed the first part of their training to become a trainer of qualified doctors who sought to become GPs.

The practice was also active in planning for the future. It had recognised the limitations of both practicing from their current premises and the access issues arising from being a small practice. They were actively involved with two other local practices in planning a new health centre which would enable them to work with a larger group of GPs and introduce more enhanced services. For example more visiting therapists and better access to staff to take blood tests. The plans had been shared with the PPG.