

# Bursteds Wood Surgery

## Quality Report

219 Erith Road  
Bexleyheath  
Kent DA7 6HZ  
Tel: 020 8301 1766  
Website: [www.burstedswoodsurgery.co.uk](http://www.burstedswoodsurgery.co.uk)

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

## Ratings

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

# Summary of findings

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## Overall summary

We carried out an announced comprehensive inspection at Burstled Wood Surgery on 21 July 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they generally found it easy to make an appointment but that there was a lack of continuity of care due to the absence of permanent medical staff. Urgent consultations were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The provider should continue to make every effort to recruit permanent GP staff.
- The provider should review the management of long-term conditions to improve outcomes for patients.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- 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.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said it was not easy to make an appointment with a named GP and there was a lack of continuity of care. Urgent consultations were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 provider encouraged a culture of openness and honesty. The practice had systems in place for the reporting and investigation of incidents and this information was shared with staff to ensure appropriate action was taken where appropriate.
- 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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people (9% of the practice population was over 75 years, which is slightly higher than local and national averages).
- The practice offered home visits and urgent appointments for those with enhanced needs. Housebound patients are highlighted on the patient record system.
- The 2% of patients placed on the practice admission prevention register were monitored regularly and given priority access to clinicians.

### People with long term conditions

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

Good



- Some nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance data for the management of patients with diabetes was comparable with local and national averages.
- Performance data for the management of patients with long-term respiratory conditions, such as asthma and chronic obstructive pulmonary disease (COPD), were below local and national averages.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions were offered a structured annual review to check that their health and medicines needs were being met. For those patients with the most complex needs the 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.

Good



- There were systems in place to identify and follow up children at risk, for example, children and young people who had a high number of A&E attendances.

# Summary of findings

- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable with the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

## **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 had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended hours appointments are available on two days a week.
- The practice was proactive in offering online services and patients are sent text reminders for booked appointments.
- A full range of health promotion and screening was available which reflected the needs for this age group.

**Good**



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

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and patients who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

**Good**



# Summary of findings

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

Good



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

- 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 a higher than average prevalence of patients with dementia compared to local and national averages.
- The practice carried out advance care planning for patients with dementia. The practice was responsible for 52 patients resident in a local care home for patients with dementia. Verbal and written consent was obtained from patients to enable the practice to communicate with named relatives when appropriate.
- Performance data for the management of patients with dementia was below local and national averages. However, 91% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months, this was above the CCG average of 81% and national average 84%.
- Performance data for the management of patients with a diagnosed mental health disorder was comparable to local and national averages.
- The practice told patients experiencing poor mental health 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 published in January 2016 showed the practice was performing in line with Clinical Commissioning Group (CCG) and national averages. 238 survey forms were distributed and 106 were returned. This represented a response rate of 45% (2% of the practice's patient list).

- 97% of patients found it easy to get through to the surgery by phone compared to the CCG average of 62% and national average of 73%.
- 90% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 62% and national average of 76%.
- 96% of patients described the overall experience of this GP practice as good compared to the CCG average of 78% and national average of 85%.
- 85% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 71% and national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards providing patient feedback on the standard of care received. Positive feedback was given in 27 of the cards and five cards included mixed feedback. Negative comments referred to the lack of permanent GP staff and lack of continuity of care. Positive comments referred to the helpful, friendly and responsive approach from all staff and that patients did not feel rushed and felt listened to by GPs.

We spoke with 13 patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Negative comments reflected the feedback from the CQC comment cards referring to the lack of permanent GP staff and continuity of care.

Results from the latest Friends and Family test (June 2016) showed that of the 50 patients responding, 94% were likely to recommend the practice to others.

## Areas for improvement

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

- The provider should continue to make every effort to recruit permanent GP staff.
- The provider should review the management of patients with long-term conditions to improve outcomes for patients.



# Bursteds Wood Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

## Background to Bursteds Wood Surgery

Bursteds Wood Surgery is situated in the London Borough of Bexley. Services are provided from one location at 219 Erith Road, Bexleyheath, Kent DA7 6HZ. Bexley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Bursteds Wood Surgery is located in purpose-built premises opened in 1986. The premises comprises of four consulting rooms and a treatment room on the ground floor with a meeting room on the first floor. The surgery hosts several services including a weekly anticoagulation clinic and a counselling service (three days per week). Office space on the first floor is used to host the local Community Education Providers Network (CEPN) service.

The practice has 4748 registered patients. The practice age distribution is similar to the national average. The surgery is based in an area with a deprivation score of 8 out of 10 (10 being the least deprived).

The practice has operated under an Alternative Provider Medical Services (APMS) contract since 2012 under which they are required to report quarterly on 15 key performance indicators (KPIs). The current contract is due to expire in 2019.

The practice is required to provide a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

The practice is registered as an Organisation (Clocktower Healthcare Ltd) with the Care Quality Commission and is registered to provide the regulated activities of diagnostic and screening services, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures.

The practice provides 14 regular GP sessions per week. These include, 4 sessions by the female salaried GP and 10 sessions by three locum GPs (two female GPs and one male GP).

Clinical services are also provided by four locum Nurse Practitioners (10 sessions per week): one Practice Nurse (0.53 wte) and one Health Care Assistant (HCA) (0.53 wte).

Administrative services are provided by a Practice Manager (1.0 wte); a Deputy Practice Manager (0.88); two Senior Administrators (1.32 wte) and five administrative/reception staff (2.56 wte).

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday with extended hours on Tuesday until 8.15pm and Thursday from 7.30am to 8am (telephone lines close at 6.30pm).

Booked appointments are available with the GP or Nurse Practitioner from 8.30am to 09.50am and 3pm to 5.50pm on Monday and Wednesday; from 9am to 9.50am and from 3pm to 7.50pm on Tuesday; from 8.30am to 9.50am and from 2pm to 5.40pm on Thursday and from 8.30am to 11.20am and from 2.30pm to 5.50pm on Friday. A 'Sit and Wait' surgery is held daily between 10am and 11am for patients who need to be seen urgently.

# Detailed findings

Practice Nurse appointments were available between 8.30am and 12.45pm Monday and Thursday; between 2.30pm and 5.45pm on Tuesday; between 8.30am and 11.45am on Wednesday and between 9am and 12.45pm on Friday.

HCA appointments are available from 2.30pm to 6pm on Tuesday; from 8am to 10.45am and 1pm to 2.15pm on Thursday and from 9am to 11.45am and 1pm to 2.15pm on Friday.

A practice leaflet was available and the practice website included details of services provided by the surgery and within the local area.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 July 2016.

During our visit we:

- Spoke with a range of staff including a salaried GP, a locum GP, the Practice Nurse, the HCA, the Practice Manager and members of the administrative team.

- Spoke with patients who used the service and members of the Patient Participation Group.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of all significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an incident where a repeat vaccine was given to a patient in error the pre-check protocol was improved to include a reminder added to patients' records to indicate only those vaccines which are due to be administered.

### 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.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The salaried GP was the adult safeguarding lead and the Practice Nurse was the lead for safeguarding children. Both were trained to Safeguarding level 3. The practice provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received up to date training. An annual infection control audit had been undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal).
- Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Nurse Practitioners who had qualified as Independent Prescribers could prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific direction from a prescriber. (PSDs are written

## Are services safe?

instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed ten personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the administration office which identified health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as the 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 different staffing groups to ensure sufficient staff were on duty. Locum staff were used to provide cover for clinical staff vacancies.

### 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 consultation and treatment rooms which alerted staff to any emergency. Panic alarm buttons were in place in reception and all consultation rooms.
- All staff received annual basic life support training and there were emergency medicines available which were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and details of a local surgery with whom temporary relocation arrangements had been agreed.

# 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 and audits.

### 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 showed that the practice achieved 92% of the total number of points available. This was comparable with the CCG average of 97% and national average of 95%.

Exception reporting was comparable with CCG and national averages. (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).

QOF data from 2014/15 showed:

- Performance rates for diabetes related indicators was 95%, which was comparable with the CCG average of 94% and national average of 89%.
- Performance rates for mental health related indicators was 90%, which was comparable with the CCG average of 97% and national average of 93%.

This practice was an outlier for some QOF clinical targets:

- 74% of patients with a diagnosed mental health disorder had a comprehensive care plan documented in the preceding 12 months compared with the CCG average of 94% and national average of 89%.

- 56% of patients with asthma had a face to face review in the preceding 12 months compared with the CCG average of 73% and national average of 75%.
- 62% of patients with chronic obstructive pulmonary disease (COPD) had a face to face review in the preceding 12 months compared with the CCG average of 92% and national average of 90%.

The practice were aware of the need to improve their performance in these areas and had recently recruited a practice nurse to take the lead in the management of patients with long-term respiratory conditions.

There was evidence of quality improvement including clinical audit. The practice participated in local audits, national benchmarking, accreditation and peer review.

We looked at four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result of one of the audits included following up patient attendance for recommended blood testing for patients taking Lithium. The second-cycle audit showed a 40% increase in compliance.

### 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, those reviewing patients with long-term conditions had received additional training relevant to this role.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and discussion at practice meetings.

# 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. Meetings took place with other health care professionals on a quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support, for example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients received advice from practice staff and were signposted to relevant support and advice services.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and 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 following up non-attenders and ensuring a female sample taker was 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.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates for vaccines given to children were comparable to CCG and national averages. As part of the requirements of the APMS contract the practice was required to achieve a minimum immunisation rate each quarter of 90% for the vaccines given to under two year olds and five year olds. We saw evidence that this target had been achieved in the previous 12 months.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS Health Checks for patients aged 40 to 74 years. Between October and December 2015 the practice had a 100% attendance rate for the 57 patients invited for a health check. 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 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 and 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.

Comments from the 32 Care Quality Commission patient comment cards we received were mixed. All comments about the standard of care received were positive. However, there were some negative comments regarding the lack of permanent GP staff and the impact on continuity of care. Positive comments referred to the helpful, friendly and responsive staff and that GPs listened to them and did not make them feel rushed. Patients said staff were caring and treated them with dignity and respect.

We spoke with three members of the patient participation group (PPG). The PPG had commenced in 2010 and met at least once a quarter with extra meetings arranged if required. They told us they were satisfied with the care provided by the practice and said that the dignity and privacy of patients 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 published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with clinical commissioning group (CCG) and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 91% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.

- 91% of patients said the GP gave them enough time compared to the CCG average of 83% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and the national average of 85%.
- 93% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 91%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

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

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 90% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 85%.

## Are services caring?

The practice provided facilities to encourage patients to become involved in decisions about their care.

Staff told us that interpreting services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patient information leaflets were available on many health related topics.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (1.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them including signposting to the local Carers Support Centre.

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



# 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 working patients who could not attend during normal opening hours the practice offered extended hours appointments on a Tuesday evening until 8pm and a Thursday morning from 7.30am.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and a same day walk-in surgery was available for those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and interpreting services available.

### Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday with reception open for extended hours on Tuesday until 8.15pm and Thursday from 7.30am to 8am.

Booked appointments were available with the GP or Nurse Practitioner from 8.30am to 09.50am and 3pm to 5.50pm on Monday and Wednesday; from 9am to 9.50am and from 3pm to 7.50pm on Tuesday; from 8.30am to 9.50am and from 2pm to 5.40pm on Thursday and from 8.30am to 11.20am and 2.30pm to 5.50pm on Friday.

A 'Sit and Wait' surgery was held daily between 10am and 11am for patients who needed to be seen urgently.

Practice Nurse appointments were available between 8.30am and 12.45pm Monday and Thursday; between 2.30pm and 5.45pm on Tuesday; between 8.30am and 11.45am on Wednesday and between 9am and 12.45pm on Friday.

Appointments were available with the Health Care Assistant from 2.30pm to 6pm on Tuesday; from 8am to 10.45am and 1pm to 2.15pm on Thursday and from 9am to 11.45am and 1pm to 2.15pm on Friday.

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

- 89% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 78%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

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

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits and urgent consultations. The practice had a system in place for a clinician to assess whether a home visit was clinically necessary and to ensure that an urgent consultation was available for patients who required one.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. For example, a poster encouraging patient feedback and detailing the complaints procedure was displayed on the wall in the waiting area.

We looked at four complaints received in the last 12 months and found that these were handled satisfactorily, in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and from analysis of trends. Action was taken as a result to improve the quality of care. For example,

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

following patient complaints the practice agreed to purchase urine collection bags for infants and identified a patient isolation area in the practice to accommodate waiting patients who may be infectious.

# 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. Staff were aware of and understood these values.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

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

### Leadership and culture

On the day of the inspection the Practice Manager and lead GP demonstrated that they had the experience, capacity and capability to manage the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us that the practice management, including the Registered Manager who occasionally visited the practice, were approachable and always took the time to listen to members of staff.

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

The practice had systems in place to ensure that when things went wrong with care and treatment the practice

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

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

- Staff told us 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 and supported in doing so.
- Staff said they felt respected, valued and supported.
- All staff were involved in discussions about how to run and develop the practice and staff were encouraged 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. The PPG met regularly, advised on the content of patient surveys and submitted proposals for improvements to the practice management team. For example, following suggestions from the PPG the times of the 'Sit and Wait' surgery had been altered; the disabled toilet had been refurbished to improve access and a ramp was being constructed to improve access to the main entrance.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. 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 in plans to improve how the practice was run.

### Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

## Are services well-led?

Good 

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

to improve outcomes for patients in the area. For example, the practice referred patients to the Social Prescribing scheme which was aimed at providing additional support to vulnerable patients.