

Stoneleigh Surgery

Quality Report

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Date of inspection visit: 4 February 2016

Date of publication: 17/03/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Stoneleigh Surgery on 4 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.

Good



Summary of findings

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

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

Good



Are services well-led?

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

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

Good



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 continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- We saw evidence that the practice was working to the Gold Standards Framework for those patients with end of life care needs.
- The practice was proactive in inviting patients to the practice for an over 75 health check in their birth month.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 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.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse.
- The practice offered regular anticoagulation clinics for patients on warfarin.
- The practice provide spirometry and smoking cessation services for chronic obstructive pulmonary disease(COPD) patients.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 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 invited teenage patients in for a health check, in their birth month.
- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%.
- The practice actively promoted cancer screening by opportunistic health promotion.
- 77% of female patients aged 50-70, had attended a breast cancer screening within 6 months of invitation which was higher than the CCG average of 71%.
- 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.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse.
- Safeguarding policies and procedures were readily available to staff.
- The practice ensured that children needing emergency appointments would be seen on the day.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were evening emergency appointments available daily.
- Patients could book evening appointments until 7:15pm on Tuesdays and Thursdays.

Good



Summary of findings

- Electronic Prescribing was available which enabled patients to order their medicine on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- The nurse was trained to offer smoking cessation advice.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- The practice provided an auditory loop for those patients with hearing difficulties.
- Carers and those patients who had carers, were flagged on the practice computer system and were signposted to the local carers support team.

Good



People experiencing poor mental health (including people with dementia)

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

- 100% of patients diagnosed with schizophrenia, bipolar affective disorder and
- other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 which was higher than the national average of 88%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 265 survey forms were distributed and 125 were returned. This represented 4.5% of the practice's patient list.

- 88% of patients found it easy to get through to this surgery by phone compared to a CCG average of 67% and a national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 88% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 85%, national average 85%).
- 78% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received.

We spoke with eight patients during the inspection. All the patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients described the GPs and nurses as caring and professional, and told us that they were listened to. Patients told us they were given advice about their care and treatment which they understood and which met their needs. We also spoke with a member of the Patient Participation Group (PPG), who also gave us positive comments about the practice. The PPG are a group of patients who work together with the practice staff to represent the interests and views of patients so as to improve the service provided to them.

Stoneleigh Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stoneleigh Surgery

Stoneleigh Surgery offers personal medical services to the population of Stoneleigh in Surrey. There are approximately 2,800 registered patients.

Stoneleigh Surgery is run by two partners. The practice is also supported by a practice nurse, two healthcare assistant, a team of administrative staff, an office manager and a practice manager.

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

Services are provided from one location:

Stoneleigh Surgery,
20 Glenwood Road, Stoneleigh, Surrey, KT17 2LZ

Opening hours are:-

Mon, Tues, Thurs, Fri 8:00am - 6:30pm Wednesday 8:00am – 1:30pm

The surgery has extended hours every Tuesday and Thursday until 7:15pm. During the time the surgery is closed on a Wednesday afternoon there is a duty doctor on call for any emergencies.

During the times when the practice was closed, the practice had arrangements for patients to access care from Care UK which is an Out of Hours provider.

The practice population has a higher number of patients between 05-09, 15-29 and 80-85+ than the national and local CCG average. The practice population also shows a lower number of 00-04, 10-14, 35-49 and 60-69 year olds than the national and local Clinical Commissioning Group average. There is a lower than average number of patients with a long standing health conditions and a health care problem in daily life. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Why we carried out this inspection

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

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

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 4 February 2016. During our visit we:

Detailed findings

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

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and the practice nurse were trained to Safeguarding level three. All administrative roles were trained to level one. Staff had also received training in safeguarding vulnerable adults.
- A notice in the waiting room and in all of the treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify

whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who kept up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group 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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

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 a staff area which identified local health and safety representatives. The practice had up to date fire risk

Are services safe?

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs shared their knowledge and expertise with each other and referred to recognised clinical publications and completed training to ensure they were up to date with any new practice or innovations in healthcare.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes.
- Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of patient's age, gender, race and culture as appropriate

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 86% of the total number of points available, with 3.6% exception reporting with the national average being 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). Data from 2015 showed;

- Performance for diabetes related indicators was lower than the CCG and national average. For example, 70% of patients with diabetes, whose last measured total cholesterol (within the preceding 12 months) was 5 mmol/l or less compared to the national average of 80%
 - The percentage of patients with hypertension having regular blood pressure tests was comparable to the national average. The practice QOF score was 78% with the national average at 83%.
 - Performance for mental health related indicators was comparable to the national average. For example, 87% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of blood pressure in the preceding 12 months compared with the national average of 89%

The practice was aware of their low figures for diabetes and other QOF scores and was able to demonstrate to us plans in place to improve their figures. For example, the practice nurse had been on long term sick but had received training for diabetes to help manage patients conditions. One of the partners and the health care assistant had also attended further training in diabetes and a diabetic specialist nurse was seeing patients on a fortnightly basis. As a result of these actions the practice could demonstrate an improvement in patient care for diabetes.

Clinical audits demonstrated quality improvement.

- There had been 16 clinical and administrative audits completed in the last two years. We reviewed three clinical audits that had been carried out within the last 18 months. All identified where improvements had been made and monitored for their effectiveness. We noted that the practice also completed audits for medicines management. The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice has completed an audit on patients who were prescribed a medicine for a variety of cardiovascular diseases. This had resulted in the practice ensuring they were working to National Institute for Health and Care Excellence (NICE) guidelines and we saw evidence that the audit had been repeated a couple of months later to ensure continued improvement.

Effective staffing

Are services effective?

(for example, treatment is effective)

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, 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 regular 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, where appropriate, recorded the outcome of the assessment.
- Patients consented for specific interventions for example, minor surgical procedures, by signing a consent form.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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. Patients were then signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice they gave patients. There was a variety of information available for health promotion and prevention in the waiting area and on the practice website. The practice website also referenced websites for patients looking for further information about medical conditions.
- Patients had access to appropriate health assessments and checks. These included health checks for new

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

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.

- The practice's uptake for the cervical screening programme was 85%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering cervical screening tests at opportunistic appointments. Patients could also book

appointments for cancer screening with the GPs as well as the practice nurse. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

- Most childhood immunisation rates for the vaccinations given were either higher or comparable to the Clinical Commissioning Group (CCG) average. For example, 95% of children had received the MMR vaccine with the national average being 87%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff encouraged patients to inform them when they wanted to discuss sensitive issues. They told us they would offer to discuss issues with a patient in an unoccupied room.
- The practice had a room that could be offered to patients if they wished to breast feed, needed to be isolated due to infection or illness or through distress. Staff knew their patients well and offered this room when needed or requested.
- The reception desk and waiting area were separate. We noted there was a sign asking patients to wait until the reception desk was free before coming forward. During our inspection we noted that patients respected this request.
- We noted that the practice had installed an electronic booking in system to help maintain patient privacy.

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

We spoke with a member 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 around average for its satisfaction scores on consultations with GPs and nurses. For example:

- 87% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90% and national average of 89%.
- 84% of patients said the GP gave them enough time (CCG average 88%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%)
- 83% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87%, national average 85%).
- 84% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 89% of patients said they found the receptionists at the practice helpful (CCG average 83%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

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

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and national average of 86%.
- 72% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 82% , national average 82%)
- 75% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 85% , national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the waiting area informing patients this service was available. The practice website also had the

Are services caring?

functionality to translate the practice information into approximately 90 different languages. The practice also provided an auditory loop for those with a hearing impairment.

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. Staff we spoke with told us that they had recognised that some of their patients preferred to self refer to mental health support organisations and ensured that the waiting area had posters with contact information which offered local services available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.7% of the practice list as carers. The practice had a carers pack which was given to the patient. This included local avenues of support available. We also viewed the practice's protocol for the carers care pathway which included a checklist to ensure that carers were provided with the relevant support at different times. For example, if needing to go into hospital.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a 'Commuter's Clinic' on a Tuesday and Thursday evening until 7:15pm for working patients who could not attend during normal opening hours. The practice had audited if patients were happy with the extended hours and noted that patients would prefer to have earlier morning appointments rather than evening. The practice were in talks with NHS England to change the extended hours accordingly.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Electronic Prescribing was available which enabled patients to order their medicines on line and to collect it from a pharmacy of their choice, which could be closer to their place of work if required
- The practice used text messaging to remind patients of appointments.
- For patients with more complex diabetic needs there was a fortnightly clinic with the Diabetic Specialist Nurse
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Staff had received equality and diversity training.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday, with the exception of Wednesday when the practice closed at 1:30pm. When the surgery was closed Wednesday afternoon the duty doctor was on call and the phone message gave patients an emergency phone number if they required to contact them. Extended surgery

hours were offered from 6:30pm to 7:15pm Tuesdays and Thursday although this was under review at the request of patients. 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 generally comparable to or above local and national averages.

- 69% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 67%, national average 73%).
- 94% of patients said the last appointment they got was convenient to them (CCG average 91%, national average 92%).

Patients told us on the day of the inspection that they were happy with the appointment system and were able to get appointments when they needed them.

Listening and learning from concerns and complaints

The practice had a 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. We saw that information was in the practice leaflet, on the practice website and on display in the waiting area. A Friends and Family Test suggestion box and a patient suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with had ever needed to make a complaint about the practice.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Complaints were a standing agenda item on the monthly meetings and we saw evidence that lessons learned from individual complaints had been acted on.

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 mission statement and staff knew and understood the values. The mission statement was to provide the highest quality, patient centred, personal and continued medical care.
- The practice had a supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

When there were unexpected or unintended safety incidents:

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

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

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

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, the public and staff. 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 worked in partnership with the practice. They told us that a partner and the practice manager always attended PPG meetings and listened and responded positively to their views.
- The practice had gathered feedback from staff through staff meetings, appraisals and general 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 to improve how the practice was run.
- The practice was participating in the 'Friends and Family Test' where patients were asked to record if they would recommend the practice to others. The practice manager submitted monthly reports to the local CCG. We saw there was also a comments box which patients were encouraged to use for suggestions to the practice.

Continuous improvement

Are services well-led?

Good 

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

There was a strong focus on continuous learning and improvement at all staff levels within the practice. The practice team was forward thinking and strived to improve outcomes for patient. For example,

- The practice was consulting with patients to ensure that the extended hours services was actually meeting the needs of their patient.
- The GPs intended to provide minor surgical procedures, for example joint injections, in the future and we saw that training was taking place to be able to provide this service.
- The practice held meetings where speakers were invited to talk about a variety of topics. We saw that the practice had invited other practices to join these meetings.