

# Blackheath Standard PMS

## Quality Report

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Date of inspection visit: 2 June 2016

Date of publication: 29/09/2016

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to Blackheath Standard PMS	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Blackheath Standard Surgery on 2 June 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 were able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. However, some patients told us they had difficulty getting through to the surgery by telephone and that there could be delays with appointment times.
- The practice had good facilities and was equipped to treat patients and meet their needs. However, the premises was in need of updating and redecoration.
- 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 ensure that all actions identified from the infection control audit are completed.

# Summary of findings

- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers.
- The provider should continue to review patients' satisfaction for access to routine appointments.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patient satisfaction rates for most aspects of care were comparable with local and national averages.
- 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.

Good



# Summary of findings

- 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. However, some patients told us they had difficulty getting through to the surgery by telephone and there were often delays with appointment times.
- The practice had appropriate facilities and was equipped to treat patients and meet their needs. However, the premises was in need of updating and redecoration. This has been identified by the practice and an action plan for works to be done is in place.
- 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.

Good



# Summary of findings

- 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 incident reporting and investigation and this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.
- Performance for conditions commonly found in older people were comparable to the CCG and national average.
- The practice provided services for a local Care Home. These patients were reviewed quarterly.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was comparable to the CCG and national average.
- Longer appointments and home visits were available when needed.
- The Year of Care (YoC) approach was offered to patients with chronic obstructive pulmonary disease, heart failure or diabetes. (The Year of Care programme is aimed at improving the diagnosis and self-management of long term conditions).
- All patients with long-term conditions 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.

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 those who were at risk. For example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with local averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was comparable with the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw 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, 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.
- When appropriate 'commuter' flu vaccination clinics were offered to increase uptake.
- 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.

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 annual reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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)**

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

- Performance for mental health and dementia related indicators was comparable to the CCG and national average.
- 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 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.

**Good**



# 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 below the national average in all areas. There were 337 survey forms distributed and 115 forms were returned. The response rate was 34.1%. (This represented 1.7% of the practice list).

- 41% of patients found it easy to get through to this practice by phone compared to the CCG and national average of 73%.
- 50% 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 70% and national average of 76%.
- 73% of patients described the overall experience of this GP practice as good compared to the CCG average of 81% and national average of 85%.
- 61% 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 75% 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 22 comment cards which were all positive about the standard of care received. Patients described the care provided by GPs and nurses as excellent and described staff as polite, friendly and sensitive to patient's' needs. However, some cards also included

negative comments regarding delays in getting through to the practice by telephone, delays in obtaining appointments and the need for redecoration of the premises.

We spoke with ten 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 received reflected those in CQC comment cards.

The 2015/16 Patient Survey carried out by the PPG to monitor the impact of recent changes made by the practice to improve access to appointments showed a slight improvement in patient satisfaction. Members of the PPG were available in the waiting room during the survey period to offer assistance to patients when completing the forms. The practice received 108 responses. Survey questions included:

- If you have telephoned the surgery in the last three months how easy was it to get through? 67% of patients said they found it easy, 23% of patients did not find it easy and 10% of patients did not respond.
- If you have needed a same day/urgent appointment in the last six months, how easy did you find it to get the appointment you needed? 56% of patients said they found it easy, 14% of patients did not find it easy and 30% of patients did not respond.
- When you last booked an appointment in advance how easy was it to get an appointment for a date and time convenient to you? 62% of patients said they found it easy, 20% of patients did not find it easy and 18% of patients did not respond.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should continue to review patients' satisfaction with the availability of routine appointments.
- The provider should ensure that all actions identified from the infection control audit are completed.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers.

# Blackheath Standard PMS

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. A GP Specialist Adviser was also present.

## Background to Blackheath Standard PMS

Blackheath Standard Surgery is situated in the Royal Borough of Greenwich. Services are provided from one location at 11–13 Charlton Road, Blackheath, London, SE3 7HB. Greenwich Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

The surgery has been in existence on the current site since 1948 and was originally based in one half of a semi-detached property. An extensive conversion of the property was carried out in 1997 when the two semi-detached houses were combined to provide the current surgery which consists of eight consulting rooms and two treatment rooms.

The practice has 6573 registered patients. The practice age distribution is similar to the national average for most age groups with a lower than average rate for patients 10 to 20 years old and a higher than average rate for patients 25 to 44 years old. The surgery is based in an area with a deprivation score of 6 out of 10 (10 being the least deprived).

The practice operates under a Personal Medical Services (PMS) contract and is signed up to 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 a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening services, maternity and midwifery services, treatment of disease, disorder or injury and surgical procedures. There are currently two partners.

Clinical services are covered by GPs providing 40 sessions per week. There were two full time GP partners (male and female); one full time salaried GP and two full time GP Registrars. Clinical services were also provided by two Practice Nurses (1.7 wte) and two Health Care Assistants (1.4 wte).

Blackheath Standard PMS is a training practice offering placements to final year medical students and GP Registrars (GP Registrars are qualified doctors undergoing specialist GP training). The surgery usually provides placements for two GP Registrars each year.

Administrative services are provided by a Practice Administrator (0.8 wte) and administration, reception and secretarial staff (5.12 wte).

The practice reception and telephone lines are open from 8am to 6.30pm Monday to Friday.

Extended hours for pre-booked appointments are provided Monday to Thursday from 7am to 8am.

GP appointments are available from 7am to midday and 3.30pm to 6.30pm Monday to Thursday and from 8am to midday and 3.30pm and 6.30pm on Friday.

Practice Nurse appointments are available between 8am and 6pm Monday to Friday.

# Detailed findings

The practice is closed at weekends.

When the surgery is closed the out of hours GP services provider is accessed via NHS 111.

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

## 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 2 June 2016. During our visit we:

- Spoke with a range of staff including GPs, a Practice Nurse, a Health Care Assistant (HCA), the Practice Manager and reception and administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Observed how patients were being cared for and talked with carers and family members

- Reviewed an anonymised sample of the personal 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 or lead GP of any incidents and there was a recording form available on the practice's computer system. The practice incident reporting procedure 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 incident reports and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety for patients. For example, the practice provides a GP service to a local Care Home and had raised concerns regarding the nursing care provided to patients in the home. Meetings were arranged and attended by the practice GP and representatives from the Care Home, local Clinical Commissioning Group (CCG) and Local Authority. As a result of these discussions a number of improvements were agreed and implemented by the Care Home including a designated nurse for GP ward rounds; a log book in which all actions could be logged and a staffing review by the Care Home provider.

### 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. The GP Partners were the Safeguarding leads for Children and Adults. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to Child Safeguarding level 3.

- 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 nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. However, the decoration on walls and flooring within the surgery was old and in need of repair which resulted in difficulty in maintaining high standards of cleaning. An annual infection control audit had been undertaken and we saw evidence that action was taken to address most of the improvements identified. However, the practice were unable to implement all of the changes identified as they were waiting for confirmation from NHS England of funding for premises improvements and redecoration before all the actions in the audit could be completed.
- The arrangements for managing medicines in the practice, 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.

## Are services safe?

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff area which identified the health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure sufficient staff were on duty. Arrangements were in place for staff to cover each other's leave. No locum cover had been required in the previous 12 months.

### 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 computer system in all consultation and treatment rooms which alerted staff to any emergency. Panic alarms were also available in all consulting rooms.
- All staff received annual basic life support training.
- 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.
- 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.

# 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 (2014/15) showed the practice achieved 93% of the total number of points available which was comparable with the CCG average of 92% and national average of 95%.

The exception reporting rate for the practice for the same period was 4.1% which was below the CCG average of 6.8% and national average of 9.2. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 89% which was comparable to the CCG average of 81% and national average of 89%.
- Performance for mental health related indicators was 99% which was comparable to the CCG average of 90% and national average of 93%.
- The percentage of patients CCG average of 84% and national average of 84%.

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

We looked at three clinical audits completed by the practice in the last two years where improvements were implemented and monitored. Findings were used by the practice to improve services. For example, an audit was carried out to review the use of higher dose steroid inhalers by patients with asthma due to the increased risk of steroid side effects. Appropriate patients were identified and their treatment reviewed. Where appropriate, patients were offered an alternative treatment in line with current guidelines and a steroid card to carry with them. These patients were followed up to review their response to the new treatment. All patients responded well to the new treatment.

### 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 information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for nursing staff reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example, by access to on line resources and support from GP and nursing colleagues.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs carried out by one of the GP partners.
- Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This

# Are services effective?

## (for example, treatment is effective)

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 mandatory 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 and their internal computer 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.

### 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 and those at risk of developing a long-term condition. Patients requiring advice on their diet, smoking and alcohol cessation received support from practice staff and were signposted to the relevant support and advice services.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG and national average of 82%. There was a policy to offer reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme and they ensured 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made when 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 treatment.
- We noted that consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

Staff told us that interpreting services were available for patients who did not have English as a first language.

All of the 22 patient Care Quality Commission comment cards we received were positive about the care received but negative comments were received regarding delays in getting through to the surgery by telephone and in obtaining appointments. Patients said they felt the clinical staff offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with four members of the patient participation group (PPG). They also told us that they were happy with the care received and that improvements had been implemented by the practice as a result of their feedback. They told us that the PPG and practice worked cohesively and that the Registered Manager and Practice Manager attended all meetings and encouraged members to be challenging and encouraged their involvement in decision making.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.

- 77% of patients said the GP gave them enough time compared to the CCG average of 81% and the national average of 87%.
- 97% 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%.
- 78% 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%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 91%.
- 83% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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 CCG and national averages. For example:

- 80% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and the national average of 82%.
- 81% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 79% and the national average of 85%.

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

## Are services caring?

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 staff if a patient was also a carer. The practice had identified 35 patients as carers (0.6% of the practice list). Carers were identified at new patient registration, during consultations with clinical

staff and a poster was on display in the waiting room encouraging carers to identify themselves when seen by a health professional. The practice Health Care assistant provided a Carer's Information and Support service including directing carers to the various avenues of support available to them.

# 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 extended hours between 7am and 8am Monday to Thursday for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS. Patients were directed to other clinics for vaccines not available from the surgery.
- There were disabled facilities available in the surgery including a lift to improve access for patients.

### Access to the service

The practice reception and telephone lines were open from 8am to 6.30pm Monday to Friday with extended hours provided from 7am to 8am Monday to Thursday.

Appointments with a GP were available from 7am to midday and 3.30pm to 6.30pm Monday to Thursday and from 8am to midday and 3.30pm and 6.30pm on Friday.

Practice Nurse appointments are available between 8am and 6pm Monday to Friday.

HCA appointments were available between 8am and 4pm Monday to Thursday and between 8am and 2pm on Fridays.

Routine appointments could be booked up to two weeks in advance and urgent appointments were available daily.

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

- 67% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 78%.
- 41% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.

People told us on the day of the inspection that they still found it difficult to get through to the practice at times but that recent changes had been made to the telephone system and this problem was improving as a result.

### 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

We looked at four complaints received in the last 12 months and found they were handled satisfactorily, in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, a patient had complained that their personal information had been shared with an external organisation. The patient had given their written consent but was not aware of the extent of the information that would be shared. The practice procedure for consent to share information was reviewed and staff were informed of the changes to the procedure.

# 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 robust strategy which reflected its vision and staff shared these values.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all 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 for all staff on communicating with patients about notifiable safety incidents and the provision of 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 all actions which included 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 by the partners in the practice. All staff were involved in discussions about how to 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. To encourage more patients to complete the practice survey PPG members had spent time in the waiting area to assist patients in completing the form. Examples of improvements made as a result of feedback from the PPG include, installing an additional telephone line to reduce the waiting time for patients when calling the practice; involvement in the training programme for new receptionists and involvement in the decisions around the redecoration of the premises.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

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