

Caterham Valley Medical Practice

Quality Report

Eothen House
Eothen Close
Caterham
CR3 6JU

Tel: 01883 347811

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Caterham Valley Medical Practice on the 16 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.
- Feedback from patients about their care was consistently and strongly positive.

- 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.

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 comparable with or higher than local and national averages. For example: the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85.57% compared with a national average of 81.16%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89.59% compared with a national average of 92.15%.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated ongoing 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.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 91% said the last GP they saw or spoke to was good at treating them with care and concern, compared with a CCG average of 88% and a national average of 85%.
- 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.
- Data from the national GP patient survey showed patients rated the practice highly for several aspects of their ability to access services. For example 82% of patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%; 73% of patients described their experience of making an appointment as good compared to the CCG average of 74% and national average of 73%.
- 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.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice had appointed a care co-ordinator who worked closely with the GPs to monitor patients at high risk of unplanned admissions and to ensure timely review of care plans.
- The practice had a dementia lead and all staff had received dementia awareness training.
- The practice provided care and support to patients who were resident in two nursing and five residential homes, each of which was supervised by a named GP. The largest nursing home received a regular weekly ward round.
- The practice held monthly multi-disciplinary meetings and held strong links with the community matron, and district nursing staff who were based at the surgery.

Good



People with long term conditions

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

- GP Partners and nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nationally reported data showed that some outcomes for long-term conditions were comparable with national averages. For example, the percentage of patients with diabetes in whom the last IFCC-HbA1c was 64mmol or less in the preceding 12 months was 79.79% compared with a national average of 80.4%.
- Longer appointments and home visits were available when needed.
- A well-being advisor provided advice and support to patients with long-term conditions, within the practice on one day each week. The advisor sign-posted patients to other support organisations, including the voluntary sector and social care services.

Good



Summary of findings

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

Families, children and young people

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

- 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.
- Nationally reported data showed that patient treatment outcomes were comparable with national averages. For example, 77 % of patients with asthma, on the register, had an asthma review in the preceding 12 months compared to a national average of 72%
- 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.
- 83.6% of eligible female patients had a cervical screening test compared to the national average of 81%.
- The practice offered a walk-in surgery every morning and daily telephone triage appointments with the duty GP.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors.
- The practice worked closely with community midwives who were based within the practice premises and ran twice weekly ante-natal clinics from the practice.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



Summary of findings

- The practice offered extended hours appointments on two mornings and one evening each week for working patients who could not attend during normal opening hours.
- Telephone appointments were available with a doctor or a nurse.
- 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.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- Care and support was provided to patients with a learning disability living in two nearby residential facilities.
- The practice offered longer appointments for patients with a learning disability and flexible appointments for carers and those cared for.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients.
- The practice well-being advisor informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

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

- Performance for mental health related indicators was comparable with or above the national averages: 95% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 93%; the percentage of those patients who had a record of their alcohol consumption in the preceding 12

Good



Summary of findings

months was 95.7% compared with a national average of 92.4%; 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 83%.

- 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.
- Patients were able to self-refer to psychological therapies and counselling, which were offered in-house. The ability to self-refer was aimed particularly at male patients who had traditionally been reluctant to engage with such services.
- 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

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP patient survey results published in January 2016 showed the practice was rated above local and national averages in many areas. There were 112 responses which represented a response rate of 41%.

- 82% found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 92% found the receptionists at this surgery helpful compared to a CCG average of 88% and a national average of 87%.
- 88% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 73% described their experience of making an appointment as good compared to a CCG average of 74% and a national average of 73%.

- 73% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 74% and a national average of 73%.
- 89% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 85% and a national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 patient CQC comment cards. All were highly positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Caterham Valley Medical Practice

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 Advisor.

Background to Caterham Valley Medical Practice

Caterham Valley Medical Practice provides general medical services to approximately 9,000 registered patients. The practice delivers services to a slightly higher number of patients who are aged 65 years and over, when compared with the national average. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered by four GP partners and one salaried GP. Three of the GPs are male and two are female. The practice employs a team of three practice nurses, a care coordinator and a healthcare assistant. GPs and nurses are supported by the practice manager and a team of reception and administration staff.

The practice is a GP training practice and supports undergraduates and new registrar doctors in training. The practice was the winner of Health Education England (Kent, Surrey and Sussex) (HEKSS) educational award in 2015.

The practice is open from 8.30am to 6.30pm on weekdays.

Services are provided from:

Eothen House

Eothen Close

Caterham

CR3 6JU

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service, IC24.

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 the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and

Detailed findings

the NHS East Surrey Clinical Commissioning Group (CCG). We carried out an announced visit on 16 February 2016. During our visit we spoke with a range of staff, including GPs, practice nurses and administration staff.

We observed staff and patient interaction and reviewed 15 comment cards completed by patients, who shared their views and experiences of the service in the two weeks prior to our visit. We reviewed policies, procedures and operational records such as risk assessments and audits.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice had implemented clear processes for ensuring follow up of urgent patient blood test results following one slight delay in review. The practice had implemented thorough processes to ensure the effective management and audit review of patients with asthma following one complex and serious untoward incident.

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 were trained to 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 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. There was an infection control lead and infection control protocols in place. Staff had received up to date training. 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.
- We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. Processes were in place to check medicines were stored at required temperatures and within their expiry date and were suitable for use. This included recorded checks of stock and expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Are services safe?

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. 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 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. Emergency medicines were 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book was 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, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98.9% of the total number of points available. The practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable with the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 76.74% compared with a national average of 78.8%; the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89.59% compared with a national average of 92.15%; the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 85.57% compared with a national average of 81.16%.
- The percentage of patients with hypertension in whom the last blood pressure reading measures in the preceding 12 months was 150/90mmHg or less was 80.56% compared with a national average of 80.86%.
- Performance for mental health related indicators was comparable with the national average. 95.12% of

patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 92.99%. The percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 95.74% compared with a national average of 92.38%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patient treatment outcomes:

- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, the practice had identified that one member of the practice team was generating a higher incidence of abnormal cervical cytology results than expected. The practice had implemented supervision processes to ensure review of that staff member's technique. Ongoing monitoring had confirmed sustained improvements had been made. We saw that other audits undertaken by the practice included a review of antibiotic prescribing in acute throat infections and a review of patients at risk of calcium and vitamin D3 deficiency.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. There was a locum information pack to provide support and information to locum GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with long-term conditions.
- Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could

Are services effective?

(for example, treatment is effective)

demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs.
- There was a lead GP for clinical governance and regular clinical governance meetings were held. These meetings were well documented and provided opportunities for group learning and reflection. Guest speakers were invited to provide educational input, for example the practice had recently received a talk on liver disease from a visiting consultant.
- 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 regularly 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. Staff had received training in the Mental Capacity Act 2005.
- When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

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.
- A counsellor was available on the premises and smoking cessation advice was available from the practice.

The practice's uptake for the cervical screening programme was 84%, which was higher than the national average of 81%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than the national averages. For example, childhood immunisation rates for the MMR vaccinations given to under two year olds was 94.1% compared with a CCG average of 78.7%. Rates for the Infant Men C given to five year olds was 87.3% compared with a CCG average of 85.7%.

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

Patients had access to appropriate health assessments and checks which included health checks for new patients. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 15 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.

Patients told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and national average of 89%.
- 94% of patients said the GP gave them enough time (CCG average 88% and national average 87%).
- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 96% and national average 95%).
- 91% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88% and national average 85%).
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 91% and national average 91%).

- 92% of patients said they found the receptionists at the practice helpful (CCG average 88% and national average 87%).

Care planning and involvement in decisions about care and treatment

Patients told us that health issues were discussed with them and 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.

Results from the national GP patient survey published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care (CCG average 83% and national average 82%).
- 94% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86% and 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 reception areas informing patients this service was available.

Patients who were on the unplanned admission register were contacted within 48 hours of discharge from hospital or A&E to check if they needed any support from the practice.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 134 patients of the practice list as carers. The practice had a care coordinator

Are services caring?

and provided carer's packs to direct carers to the various avenues of support available to them. Reception staff were trained to identify carers and flag them on their patient record.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

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 appointments on two mornings and one evening each week for working patients who could not attend during normal opening hours.
- Daily walk-in clinics were available to all patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, hearing loop and translation services available.
- The practice had appointed a care coordinator who played a key role in the review and support of patients at high risk of unplanned hospital admissions.
- A well-being advisor provided advice and support to patients within the practice on one day each week. The advisor sign-posted patients to other organisations, including the voluntary sector and social care services.
- The practice worked collaboratively with the local hospice, district nurses and community matrons in managing patients who were approaching the end of life.
- The practice worked closely with community midwives who were based within the practice premises and ran twice weekly ante-natal clinics from the practice.
- Patients were able to self-refer to psychological therapies and counselling, which were offered in-house. The ability to self-refer was aimed particularly at male patients who had traditionally been reluctant to engage with such services.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Extended hours appointments were available on Tuesday and Friday mornings from 7.30am and from 6.30-8pm on Tuesday evenings. The practice

provided telephone consultation services and urgent telephone triage. A daily walk-in clinic was available to patients every morning. Pre-bookable appointments could be booked up to four weeks in advance and urgent appointments were also available for patients that needed them.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was better than local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 73% and national average of 75%.
- 82% of patients said they could get through easily to the surgery by phone (CCG average 72% and national average 73%).
- 73% of patients described their experience of making an appointment as good (CCG average 74% and national average 73%).

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

Listening and learning from concerns and complaints

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

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

We looked at the nine complaints received by the practice within 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. We noted that lessons learned from individual complaints had been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff.

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's vision statement detailed the practice's commitment to work in partnership with patients in the local community to address their health and social care needs, and to support and promote a culture of trust. Staff understood and supported the values and vision of the practice.

GP partners had recognised the impact that a growth of 13.5% in the patient list size over the past four years had had upon the demand for services.

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.
- Regular clinical governance meetings were well documented and provided opportunities for group learning and reflection. Guest speakers were invited to those meetings to provide educational input.
- 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

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

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

When there were unexpected or unintended safety incidents:

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

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly. The PPG carried out patient surveys and submitted proposals for improvements to the practice management team. The practice had recently introduced online appointment booking systems and had increased the number of appointments available to patients in response to patient feedback. Actions for the forthcoming year included the development of a patient newsletter which was to be produced in conjunction with the PPG.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice held daily meetings and regularly discussed ideas for improvement such as changes to the appointment system to improve patient access. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area.