# Knights Surgery

## Quality Report

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

## Ratings

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

# Summary of findings

## Contents



## Overall summary

**Letter from the Chief Inspector of General Practice**

We carried out an announced comprehensive inspection at Knights Surgery on 18 November 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and managed with the exception of training for non clinical staff in infection prevention control and emergency life support.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 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 staff were receptive to feedback and committed to resolving issues.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff, patients and their patient participation group, which it acted on.

We saw one area of outstanding practice:

- The practice identified behavioural trends in patients suffering with poor mental health during periods of anxiety such as presenting at multiple accident and emergency departments during the same day. The practice were proactive at addressing this with the patient and in partnership with other health and social

# Summary of findings

care services. They developed personalised care plans to assist the patients to manage their anxiety. For some they offered daily appointments at a time convenient for the patient and priority access to a GP over the phone. Thereby providing an accessible and caring response to a patients individual needs. This reduced their patients dependency on other health services and their attendance at accident and emergency departments. Once reassured by the accessibility of medical services the patients gradually reduced their need to attend daily appointments.

However there were areas of practice where the provider should make improvements.

- Implement fire safety procedures in the absence of a mains connected fire alarm system.
- Ensure emergency medicines are securely stored.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

**Chief Inspector of General Practice**

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

**Are services safe?**

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and some had been managed. Emergency life support training was planned for all staff in January 2016. The practice had access to oxygen and had risk assessed the need for a defibrillator should a patient's health deteriorate suddenly. Staff had access to emergency medicines, but these were kept insecurely. The practice had business continuity arrangements in place and these were known to staff.

**Are services effective?**

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Clinical reviews were conducted and used to inform and improve patient outcomes. Patients' needs were assessed, care was planned, delivered and reviewed in partnership with other health and social care services. This included assessing capacity and promoting good health. Staff had received training and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

**Are services caring?**

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

**Are services responsive to people's needs?**

Good

The practice is rated as good for providing responsive services. It 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 was working with their patient participation group in the

# Summary of findings

planning and development of services for their new premises. 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. Information about how to complain was available and staff accessible and responsive the patient concerns. Learning from complaints was shared with staff but not consistently documented.

**Are services well-led?**

Good

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice valued their patient participation group and actively engaged and listened to them informing the development of services. The practice management was accessible and respectful to their staff. Staff received regular performance reviews and attended staff meetings and events.

# Summary of findings

## The six population groups and what we found

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

**Older people**

Good

The practice is rated as good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Patients over 75 years of age had been informed of their named GP and were offered senior health checks. The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits, daily telephone consultations and rapid access appointments for those with enhanced needs.

**People with long term conditions**

Good

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. Patients identified on the admission avoidance register were managed through multi-disciplinary meetings and offered on the day appointments and telephone consultations. Longer appointments and home visits were available when needed. House bound patients were regularly reviewed and offered vaccinations at home, where appropriate. All patients had a named GP and a structured annual review to check that their health and medication needs were being met.

**Families, children and young people**

Good

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. Family members were linked within the patient record systems and children at risk, in need or looked after were identified.

Immunisation rates were high for all standard childhood immunisations and the practice operated a recall system to identify children failing to attend appointments or requiring immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and children under five years of age were offered same day appointments. The practice provided six week child checks and post natal examinations. Mothers could access contraception and sexual health services.

# Summary of findings

**Working age people (including those recently retired and students)**

Good

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 including students, had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Patients could book appointments up to four weeks in advance and they offered extended hours on all weekdays as well as weekends through GP locality based hub appointments. Patients were sent text messages regarding blood and radiology results and the out of hours service was clearly advertised within the practice. A electronic prescription service operated for patients collecting their prescriptions at a nominated pharmacy.

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. For example, NHS health checks for people 40 to 74years of age, smoking cessation and healthy lifestyle choices and weight loss referrals.

**People whose circumstances may make them vulnerable**

Good

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice maintained a register of patients living in vulnerable circumstances including those with a learning disability. Clinical staff were trained in learning disability awareness and undertook learning disability health checks working in partnership with the locality based learning disability nurse. Patients with a learning disability were recalled for annual health checks and were offered longer appointments.

The practice had told vulnerable patients about how to access various support groups and voluntary organisations. Patients were offered self referral or GP referral to the Therapy for You counselling response and access the Macmillan Occupational Therapy Referral Service. The practice held regular multi-disciplinary meetings including representatives from the community mental health teams, social services, community nursing and the local area coordinator service.

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.

# Summary of findings

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

Good

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). People experiencing poor mental health were identified on the patient record system and assessed using recognised frameworks such as the dementia assessment tool and depression questionnaire. The practice prepared individual care plans for patients ensuring they were responsive to their needs, for example, providing patients with daily scheduled appointments where necessary. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Staff were aware of how to access information and specialist support services such as those providing counselling, drug and alcohol advisory services, dementia crisis support, dementia carer support and mental health crisis lines.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published on July 2015 showed the practice was performing in line with or exceeding the local and national averages. There were 322 surveys distributed and 105 were completed and returned which represents 33% of the patients invited to complete the survey.

- 69% of respondents found it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 94% of respondents found the receptionists at this surgery helpful compared with a CCG average of 85% and a national average of 87%.
- 88% of respondents were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 84% and a national average of 85%.
- 97% of respondents said the last appointment they got was convenient compared with a CCG average of 91% and a national average of 92%.
- 77% of respondents described their experience of making an appointment as good compared with a CCG average of 72% and a national average of 73%.
- 80% of respondents usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 70% of respondents felt they didn't normally have to wait too long to be seen compared with a CCG average of 58% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 35 comment cards which were all positive about the standard of care received. We spoke to three patients and a member of the Patient Participation Group. All were positive about the service they received. All stated they trusted the GPs and they felt involved and supported in decisions relating to their care.

## Areas for improvement

**Action the service SHOULD take to improve**

- Implement fire safety procedures in the absence of a mains connected fire alarm system.
- Ensure emergency medicines are securely stored.

## Outstanding practice

The practice identified behavioural trends in patients suffering with poor mental health. During periods of anxiety some patients presented at multiple accident and emergency departments during the same day. The practice were proactive at addressing this with the patient and in partnership with other health and social care services. They developed personalised care plans to assist the patients to manage their anxiety. For some patients they offered daily appointments at a time convenient for the patient and priority access to a GP over the phone. Thereby providing an accessible and caring response to a patients individual needs. This reduced their patients dependency on other health services and their attendance at accident and emergency departments. Once reassured by the accessibility of medical services the patients gradually reduced their need to attend daily appointments.

# Knights Surgery

**Detailed findings**

## Our inspection team

**Our inspection team was led by:**

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

## Background to Knights Surgery

Knights Surgery is a small practice, providing medical services to 1490 patients. It is located in a residential area of Basildon with a large commuter population. The practice is owned and managed by a GP partnership. Both GPs are male. They are supported by two female nurse practitioners jointly providing 16.5 hours of clinical time a week, an administrative team overseen by a practice manager (amounting to 1.75wte) and a cleaner.

The practice holds a general medical services contract with NHS England.

The practice was open and appointments were available between 8.30am and 6pm Monday to Friday (exception being Thursdays when the surgery closes at 12.30). During these periods patients can attend the GP hub service. Extended hours surgeries were offered all weekdays as well as weekends through the GP locality based hub appointments introduced in October 2015. Appointments could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and daily telephone consultations. Patients could book and cancel appointments on line and consult a GP on line. Patients could receive text messages regarding blood and radiology results and the electronic prescription service enabled patients to collect their prescriptions at a nominated pharmacy.

The practice has opted out of providing their own out of hours provision. The out of hours provision is commissioned by Basildon and Brentwood CCG. Patients are advised to call NHS 111 service and are then signposted to relevant clinical services provided by South Essex Emergency Doctors Service until the end of November 2015 when the services will be transferred to IC24.

The practice has a comprehensive website advising patients of services and relevant support groups.

## Why we carried out this inspection

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

## How we carried out this inspection

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 are provided for specific groups of people and what good care looks like for them. The population groups are:

# Detailed findings

- 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 November 2015. During our visit we spoke with a range of staff, a visiting health visitor, lead GPs, receptionists, administrative staff and the practice manager. We talked with people who use the service, carers and/or family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service.

Good

# Are services safe?

## Our findings

### Safe track record and learning

There was an open and transparent approach and a system in place for reporting and recording significant events. Incidents were openly discussed, investigated and resolved where practicable in a timely manner. Staff told us they would inform the practice manager of any incidents and there was also a recording form available on the practice's computer system.

We reviewed the practice significant incident log. It contained four entries since December 2014. These related to disruption to their phone lines, patient behaviour and an incorrect diagnosis of cancer by secondary care. We found some of the investigations lacked sufficient details of the events, investigation, and analysis, and learning points specifically in respect of an incident involving secondary care services. However, when we spoke with staff they were clear about the incident, learning outcomes and accepted these could have been more clearly documented. We reviewed the meeting minutes from 15 February 2015 where concerns were discussed. We spoke to staff who were aware of the policy and how it was to be applied.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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 or contributed to safeguarding meetings when possible. All clinical staff had received appropriate training in safeguarding children. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- Notices were displayed in the consulting rooms, but not in the waiting room, advising patients that the practice nurses or the receptionists would act as chaperones, if required. All staff who acted as chaperones were trained for the role and a risk assessment had been conducted not requiring them to undertake a disclosure and barring check (DBS). (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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments but they had no fixed fire fighting installations or automatic fire detection systems and regular fire drills were not carried out. We spoke with staff who had general fire safety awareness and knew how to evacuate the building and assembly points. Portable appliance testing of all electrical equipment was scheduled for December 2015 and regular visual checks were conducted on the equipment. Clinical equipment had been checked to ensure it was working properly in February 2015. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as a legionella risk assessment conducted in October 2015, defining the risk as low.
- We found the practice was visibly clean and tidy. A cleaning schedule was in place and followed. Additional checks were conducted by staff to ensure the cleaning was effective. We reviewed the infection control policy dated November 2015. An annual infection control audit had been commissioned from an external consultancy firm but they were unable to locate it at the time of the inspection. However, an overarching infection control checklist had been conducted during November 2015. The practice nurse was the infection control clinical lead and had specific defined responsibilities regarding this role. Staff had access to appropriate personal protective equipment and a spillage management kit. Infection prevention control guidance was displayed in relation to effective hand washing techniques and staff had been advised regarding the use of spillage kits.
- We found regular medication audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Since taking

over the practice in April 2013 the practice had made significant savings against their prescribing budget. Reducing patient dependency on some medicines through care planning and changing to more cost effective medicines.

- The hypnotic prescribing trend for the practice was above the predicted CCG averages. We found the practice was aware of the prescribing discrepancies and understood this related to historical prescribing inherited from the previous GP. They were actively addressing the high dependency amongst some of their patients and were individually reviewing and managing their needs on a case by case basis. The practice acknowledged challenges in changing long established behaviours. Prescription pads were securely stored and there were systems in place to monitor their use.
- We reviewed seven staff personnel files. No new staff had been appointed since the GP partners had taken on the practice in April 2013 and the practice did not employ locum clinicians. We reviewed the clinical staff employment files and found appropriate checks were in place. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 the different staffing groups to ensure that enough staff were on duty.

**Arrangements to deal with emergencies and major incidents**

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had risk assessed the need for a defibrillator, and had access to a neighbouring practices equipment. The practice held oxygen with adult and children's masks. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff but not stored in a secure area of the practice with a lock on the door. All staff knew of their location. All the medicines we checked were in date and fit for use. However, we found the non clinical staff had not undertaken emergency life support training. This had been scheduled booked for January 2016.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, dated November 2015. Copies were held off site for reference in the event of such an incident occurring. The plan included emergency contact numbers for staff and alternative sites in the event the building could not be used. We found that the practice had a valid gas safety certificate.

Good

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and how this had been interpreted and applied by CCG guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results for the year ending March 2014 were 90.2% of the total number of points available, with 4.3% exception reporting which is 2.6% below CCG averages and 4.9 below England average. Data from 2014/2015 showed;

- The practice had very high prevalence of all of the QOF disease areas. For example, the diabetes prevalence was 8.2% in the year 2014-2015 which is on the 96 centile placing them with patients with complex high demand.
- The practice achieved 70.9% of their QOF points. The practice told us that due to their exceptionally high clinical need within their patients they wished to improve their care to them. They had identified that they had had low reporting for structured educational programme referrals to diabetic services. The practice had achieved a 40% referral rate according to the QOF data but believed they had achieved a far higher rate. They believed the reporting disparity was due to coding discrepancies with their data and they were revising their systems to ensure they reflected their performance.
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average achieving 100% of their target.
- The practice performed similar to other practices in conducting care plans for patients with poor mental health (92.86% compared with the 86.04% national average).
- The practice performed similar to the national average for recording the smoking status of patients with physical/mental health conditions achieving 98.33% as opposed to the national average of 95.28%.
- The practice performance was slightly below the national average of 83.82% with 75%, for conducting face to face reviews in the preceding 12 months for patients diagnosed with dementia. The practice were revising their recording of interventions to ensure they correctly reflected their performance.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We reviewed two clinical audits, one, which was ongoing, examined diabetic care.

We reviewed a clinical audit first conducted in April 2014 and later re-audited in November 2014 into the monitoring of renal function test in patients with heart failure. The practice's initial audit identified seven out of 15 patients had not received their six monthly test and one patient had not undertaken a test within a year. The practice addressed this data and recalled all identified patients requiring the test, inviting them to attend for a blood test. The results of the second audit conducted six months later showed significant clinical improvements. With all patients required to undertake the tests having been reviewed within the six months, promoting and enabling better patient management.

### Effective staffing

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

- The practice had an induction protocol and an induction checklist for newly appointed staff but none had been appointed since the GPs took over since April 2013. The induction programme covered such topics as safeguarding, fire safety, health and safety, confidentiality and significant events forms.
- 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 these learning needs and to cover the

Good

# Are services effective?

## (for example, treatment is effective)

scope of their work. This was delivered through online training and staff had developed their own self-help training tools. All staff had received annual appraisals over the last year.

- Staff received training that included: safeguarding training for children, basic fire awareness and information governance awareness. Staff had access to and made use of e-learning training modules. The clinical team had received appropriate training in children and adult safeguarding, emergency life support and clinical updates.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system. This included care and risk assessments, care plans, medical records and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs. For example, we found the practice had a good working relationship with the learning disability nurse and was proactive in undertaking dementia assessments and making referrals to Memory Services. We saw evidence that multi-disciplinary team meetings took place every two to three months. We reviewed the meeting minutes from 23 September 2015 and 10 November 2015. Both were comprehensive detailing who had attended, their role and individual patients health and social care needs; actions were appointed including review dates.

The practice told us how they reviewed all patient discharge information and followed up with patients if they had concerns either over the phone or inviting them to attend the practice.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. The clinicians recorded verbal consent for immunisations on their computerised patient record system and soft tissue injections consent had been recorded. 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, assessments of capacity to consent were also carried out in line with relevant guidance. The practice had consent system alerts on the patient record where contraception was being proposed for a girl under 16 years of age. The GP told us that if a child under the age of 16 attended without a parent guardian their capacity to understand the care and treatment would be assessed in line with the Gillick competency test, before proceeding with it. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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 who may be in need of extra support were identified by the practice.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 76.09%, which was comparable to the national average of 81.88%. 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 comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 85.7% to 100% and 100% of five year olds were immunised. Flu vaccination rates for the over 65s were 89.69% which was above the national average 73.24%, and at risk groups 71.19% as opposed to the national average of 52.29%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to74 years of age. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. We noted that consultation and treatment room doors were closed during consultations and that 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 35 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. We also spoke with a member of the Patient Participation Group (PPG) on the day of our inspection. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, July 2015, showed patients were satisfied with how they were treated and that this was with compassion, dignity and respect. The practice was similar to the CCG and national averages for its satisfaction scores on consultations with doctors and nurses. For example:

- 85% of respondents said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 91% of respondents said the GP gave them enough time compared to the CCG average of 83% and national average of 87%.
- 92% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and national average of 95%
- 85% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79% and national average of 85%.
- 98% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 90%.
- 94% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

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

Patients we spoke with 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. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey, July 2015 we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 79% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 82% of respondents said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice also accessed British sign language interpreters for patients with speech or hearing difficulties. However, we saw no notices displayed within the reception areas informing patients this service was available.

### 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. There was a practice register of all people who were carers and family members were linked within the patient record system. The practice accessed Carers Support information and specialist provision such as Stroke Family Support Services and Dementia Carer Support. Written information was available for carers to ensure they understood the various avenues of support available to them. The practice offered flu vaccinations to their patients who were carers.

Good

# Are services caring?

Staff told us that if families had suffered bereavement, their GP contacted them. Where there were concerns relating to the vulnerability of a family member following the death, appointments were made with the GP and they were signposted to other services that could provide support.

Good

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours and weekend locality based appointments. Patients could book appointments in advance with the hub clinic on Saturday and Sunday.
- Patients identified on the admission avoidance register were given on the day appointments and telephone consultations.
- There were longer appointments available for people with a learning disability.
- On the day home visits were available for older patients / patients who would benefit from these including providing immunisations at their homes.
- Urgent access appointments were available for all children with priority given to children under five years of age.
- There were translation and interpreter services available.
- Individual patients with poor mental health were allocated daily appointments where appropriate and facilitated on the day even with minimum notice.
- Accessible facilities were available with ramp entry and a toilet frame to assist patients.
- The practice was working with their Patient Participation Group in the planning and development of their new premises.

We found the practice provided a responsive service to patients suffering with poor mental health. They identified behavioural trends in patients such as when they were experiencing periods of anxiety. For some patients this resulted in them presenting at multiple accident and emergency departments during the same day. The practice were proactive at addressing this with the patient and in partnership with other health and social care services. They developed personalised care plans to assist the patients to manage their anxiety. For some they offered daily appointments at a time convenient for the patient and priority access to a GP over the phone. Thereby providing an accessible and caring response to a patients individual needs. This reduced their patient's dependency on other health services and their attendance at accident and emergency departments. Once reassured by the accessibility of medical services the patients gradually reduced their need to attend daily appointments.

### Access to the service

The practice was open and appointments were available at the practice between 8.30am and 6pm Monday to Friday (exception being Thursdays when the surgery closes at 12.30). During these periods patients could attend and schedule appointments with the GP hub service. Appointments outside these hours could be booked with the GP hub either in advance or on the day. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them and daily telephone consultations. Patients could receive text messages regarding blood and radiology results and the electronic prescription service enabled patients to collect their prescriptions at a nominated pharmacy.

Results from the National GP Patient Survey, July 2015 showed that patient satisfaction with how they could access care and treatment was comparable or above the local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 82% of respondents were satisfied with the practice's opening hours and their responses were more positive than the CCG average of 73% and national average of 75%.
- 69% of respondents said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 77% of respondents described their experience of making an appointment as good compared to the CCG average of 72% and national average of 73%.
- 80% of respondents said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

### Listening and learning from concerns and complaints

The practice had a defined system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and

Good

# Are services responsive to people's needs?

## (for example, to feedback?)

contractual obligations for GPs in England. In that they advised patients of where they may access advocacy services and how they may appeal the practice decision on their complaint if dissatisfied with the outcome.

The GPs led on responding to complaints in the practice. Staff told us they recorded concerns and tasked the GPs through the patient record system to maintain an audit trail. We found information was available to help patients understand the complaints system. Patients we spoke with were unaware of the process to follow if they wished to make a complaint. However, they were confident that should they raise a concern this would be immediately addressed and where practicable would be resolved.

We looked at the practice complaints register. The practice had three recorded complaints from 2014/2015. We found the complaints had been investigated appropriately and independently reviewed by an external GP where appropriate. Two had been investigated, responded to and closed on the date of reporting. The third complaint had been upheld and recommendations implemented. The practice had apologised to patients and identified lessons to be learnt from concerns and complaints. Action was taken as a result to improve the quality of care. However, we found records were not consistently maintained of the discussion with staff but they told us they had been spoken to.

# 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 the best patient care within their Clinical Commissioning Group. They told us they wished to achieve and get the best for their patients. The staff told us they valued their patients and were committed to providing reassurance and maintaining patient confidence and care in the service during their transition to the new premises.

### 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners actively encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at anytime with the GP partners and during team meetings. Staff said they felt confident in talking to all staff and supported if they did. We saw that staff were treated with great respect, valued and supported and this was reciprocated.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and informal discussions with patients. The practice valued the PPG and was approachable to their patients explaining and promoting the involvement of the group to improve services. The PPG were active, meeting on a regular basis. We reviewed the meeting minutes from the previous four meetings held in July 2015, August 2015, October 2015 and November 2015. We found open and detailed discussions were held including proposed improvements to the practice.

We reviewed the patient survey conducted in 2015. The survey had been conducted in 2015 and they received 33 responses from patients. The PPG had discussed the findings and believed they reflected positively on the practice and PPG. The PPG acknowledged that 37% of the patients who completed the questionnaire would like to know more about them and consequently they had produced and displayed information about the work of the group. The PPG was conducting a survey at the time of the inspection to capture the views of the patients to inform their discussions with the practice regarding their proposed new premises.

The practice had also gathered feedback from staff through team functions such as meals out, staff appraisals and daily 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.