

King Street 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Kings St Surgery on 9 December 2015. Overall the practice is rated as good.

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

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

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

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- 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, a verbal and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



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

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey published on 2 July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients were sent text messages to remind them of an appointment.
- 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.
- Weekly clinics were held for patients with learning disabilities who lived in residential care.
- The practice responded to comments from the patient survey regarding telephone access and reviewed the system and processes to address the issues.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of

Good



Summary of findings

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.

Good



- The practice offered a proactive, multidisciplinary approach to providing personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older patients and had a sensitive and patient-focused approach to home visiting and urgent appointments for those with enhanced needs.
- The lead GP made weekly visits to the local care home.
- Flu vaccinations were available in patients' homes.
- Home delivery of medication was available to patients unable to come to the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for three diabetes related indicators was below the national average.
- 94% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months, above the national average of 75%.
- Longer appointments and home visits were available when necessary.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Registers and disease specific templates had been developed
- The practice employed a pharmacist who reviewed prescriptions and discussed treatment options with this patient group.
- Registers were kept to monitor patients' conditions and ensure a robust system of recall to dedicated clinics and appointments.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 78% of patients had cervical screening compared to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses. The midwife was provided with space for a twice weekly clinic.
- On the day appointments were available for any child that was unwell.

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)

Good



- 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 they were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Appointments were available on Monday evenings and Saturday mornings. Patients could also book a telephone consultation.
- The practice website had been redesigned for easier use with mobile devices. Social media was also used to share health information and practice messages, with good effect.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The lead GP carried out regular reviews with patients living in residential care and provided a comprehensive information pack that included how to access various support groups and voluntary organisations.
- The practice offered longer appointments for patients with a learning disability. Patients and their carers were sent a reminder for their appointment and what information to bring with them.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people.
- 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.
- Flu vaccinations were carried out in care homes to minimise disruption to patients.

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).

- The practice regularly worked with multidisciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- Reviews of vulnerable patients were undertaken at multidisciplinary meetings to reduce the risk of hospital admission.
- The lead GP attended the local dementia home every week to review patients.
- 92% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- We saw evidence that the practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good



Summary of findings

- Staff had a good understanding of how to support patients with mental health needs and dementia.
- An audit had been carried out to review medicines prescribed specifically to this group of patients.

Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 302 survey forms were distributed and 117 were returned. This represented a response rate of 39%.

- 66% found it easy to get through to this surgery by phone compared to a CCG average of 79% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 91% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 86% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 79%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received eight comment cards which were all positive about the standard of care received and commented that the surgery was always clean and tidy. One comment referred to difficulties getting through to the surgery on the telephone. The practice told us that they were reviewing the telephone system to provide a more accessible service and have increased the number of staff available to take calls at busy times

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed, respectful and caring. We were told of examples of compassionate care specifically provided to patients with learning disabilities.

King Street 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 advisor and a practice manager specialist advisor.

Background to King Street Surgery

King Street Surgery is sited in a purpose built three storey building based in Kempston and is situated on the corner of a busy main road intersection. Although there is no on site parking, opposite the practice there is an underground car park with disabled access, available for use by King Street patients and visitors.

The practice covers a mixed urban/rural area including all of Kempston, Bedford and local villages to the west of Kempston and has a rapidly increasing practice population of currently 12200 patients.

The surgery premises has a level entrance with easy access for wheel chair users and pushchairs. There are three waiting rooms on two levels and patients with mobility problems are offered appointments in ground floor consultation rooms. A wide range of services are offered including, online repeat prescriptions and appointment booking.

The practice has four male GP partners and four female partners, three female, part time salaried GP's, and is also a fully accredited teaching and training practice for trainee GPs and medical students from Cambridge University. The practice employs a part time clinical pharmacist and a dispenser. A full range of practice nursing services are also

offered by three practice nurses and a health care assistant (HCA). There is a management team which includes a practice business manager, practice data manager and patient services manager supported by a team of reception and administrative staff.

The practice is open between 8.30am and 6.15pm Monday to Friday. Extended surgery hours are offered on Mondays from 6.15pm to 8pm and every Saturday between 8.30am and 12.30pm.

Bedford on Call (BEDOC) provides services for patients requiring an appointment out of normal hours.

Why we carried out this inspection

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

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 9 December 2015. During our visit we:

Detailed findings

- Spoke with a range of staff including two GP partners, a nurse, the practice management team and a number of administrative staff.
- Spoke a representative from the patient participation group (PPG), the PPG is a group of patients who work with the practice to discuss and develop the services provided. We also spoke to three patients who used the service.
- Observed how patients were being cared for and talked with carers and family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

- There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. A log of significant events was maintained by the practice manager. Meetings were held monthly and that the practice carried out a thorough analysis of the significant events. We saw evidence that there is continuous review of significant events with formal meetings held quarterly.
- 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.
- 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, when there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and a 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 level 3 for safeguarding children.
- 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 visibly clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result, for example, pillow covers were changed and a checklist put in place for clinical staff to maintain the audit trail. Infection control was discussed at all clinical meetings with actions and responsibilities identified.

The arrangements for managing medicines in the practice, including emergency medicines and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescriptions were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. The nurse received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were able to administer vaccinations. Records showed that the staff had been assessed and signed off accordingly.

- We observed the collection of controlled drug prescriptions (controlled drugs are prescription medicines that are controlled under the misuse of drugs legislation.) and a robust process was in place to ensure they were managed correctly, including recording the details of the person collecting the prescription and what identification had been produced.

Are services safe?

- 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

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty for example the practice

manager used a holiday request database to check that before a request was authorised the staff numbers were confirmed to ensure sufficient skill mix on a particular day.

- The practice had participated in a review of local safeguarding processes and as a result had redesigned its processes to ensure that the appointment system enabled any child who was unwell would be seen on the day. Any child assessed as being at risk and those identified as being 'in need' were flagged on the system and any attendance at the out of hours provider was monitored.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' 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 97% of the total number of points available, with 12% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from November 2015 showed;

- Performance for diabetes related indicators was 85% (CCG average 86%, national average 89%). Performance for three diabetes related indicators was below the national average. For example, the percentage of patients on the diabetes register, with a record of having had a foot examination and that had been risk classified within the preceding 12 months was 86% where the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 91% (CCG average 91%, national average 84%).
- Performance for mental health related indicators was higher than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 99% where the national average was 84%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, seven of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit of antipsychotic medicines had been undertaken to review the number of patients who had been prescribed this medication. Results were reviewed and discussed at the clinical meetings and changes were put in place. This audit supported learning within the practice and made all doctors aware to be cautious when prescribing antipsychotic medication and to consider referral to psychiatry for advice if required.
- We saw evidence that the practice met regularly with the community matron, district nurses and Macmillan nurses to coordinate care for frail and vulnerable patients. Staff worked together to identify patients' and carers' wishes and where appropriate plan and support end of life care. Meetings provided an opportunity to audit outcomes, review performance and reflect on any changes that had been made. The practice also offered flu vaccinations in patient's homes. A GP from the practice provided weekly ward rounds at a local residential home.
- The practice pharmacist reviewed repeat prescriptions, discussing treatment options with patients, and informed the clinical team of current best practice, to ensure that the practice had robust prescribing systems and processes in place.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an

Are services effective?

(for example, treatment is effective)

assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Staff told us that they felt well supported by the practice management team in terms of additional training and if they had identified specific courses, they were given time to attend and study.
- The roles of reception and administrative staff were rotated throughout the day, telephone calls were only taken in the offices to enable the receptionists to deal with patients and a larger number of staff were available to take calls at busy times.

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 multidisciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

We saw evidence that the practice had created and maintained registers of patients with long term conditions. This included alerts to call and recall to patients to dedicated clinics and appointments. The use of bespoke computer templates to record enabled the clinicians to provide information in a consistent way, and the constant monitoring of outcomes against local and national benchmarks.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through 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.
- The practice's uptake for the cervical screening programme was 78%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages

Are services effective?

(for example, treatment is effective)

and for those with a learning disability and they ensured a female sample taker was available. 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 the national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 99% and five year olds from 89% to 100%.

Flu vaccination rates for the over 65s were 76%, and at risk groups 54%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect, for example a patient who was concerned was given a telephone appointment with a doctor at a specified time and was reassured by the reception staff.

- 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 area to discuss their needs.

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

We spoke with a member of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published on 2 July 2015 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:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 87%.
- 90% said the GP gave them enough time (CCG average 86%, national average 87%).
- 90% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 90% said the last GP they spoke to was good at treating them with care and concern (CCG average 84, national average 85%).

- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92, national average 90%).
- 82% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey published on 2 July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line with local and national averages. For example:

- 90% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 87% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%)
- 92% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, 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.

Patient and carer support to cope emotionally with care and treatment

The practice had a nominated GP lead that carried out a learning disability review with the patients and their carers together, either at the surgery or at their place of residence; these patients who lived in residential care, were visited on a weekly basis to provide ongoing care. In addition, flu vaccinations were given in care homes to minimize the disruption to the residents.

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

Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 401 patients who were also carers this represented 3% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered appointments on Monday evenings until 8pm and every Saturday morning for working patients who could not attend during normal opening hours. In addition patients could book telephone consultations.
- The practice had made changes to the website to enable patients easier access using mobile devices to make online services more accessible and a social media account had been set up to communicate key practice information.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Patients with mobility issues were identified on the system and were given appointments in the ground floor consulting rooms.
- The check in system in reception was available in several languages and information on translation services were displayed in reception.
- All patients with learning disabilities receive a phone call or text the day before the appointment reminding them to attend and to bring their Health Action Plan with them.

Access to the service

The practice was open between 8.30am and 6.15pm Monday to Friday. Extended surgery hours are offered on Monday from 6.15pm and 8pm and every Saturday between 8.30am and 12.30pm. In addition to pre-bookable

appointments that could be booked up to five weeks in advance, urgent appointments were also available for people that needed them. Patients could also book appointments on line or arrange a telephone consultation.

Results from the national GP patient survey published on 2 July 2015 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 66% of patients said they could get through easily to the surgery by phone (CCG average 79%, national average 73%).
- 42% of patients said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 60%).

As a result of the patient survey the practice analysed the results and investigated the telephone system, which they recognised was not efficient and they were in the process of assessing what could be done to improve access by upgrading or changing the current system. They told us that had improved access by allocating additional staff to answer calls at busy times while working towards an appropriate, permanent solution

People told us on the day of the inspection that they were able to get appointments when they needed them and that access had improved.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. Complaints forms were available in the waiting area.

We looked at 27 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. We saw evidence that the practice had dealt with all complaints in an open and transparent way for example, all complaints were discussed at

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meetings and a log was kept which demonstrated action points. Staff who did not attend these meetings told us that they received information and feedback from their manager. Lessons were learnt from concerns and complaints and action was taken to as a result to improve

the quality of care. For example, complaints had been received concerning telephone access and the practice had changed the telephone answering system by increasing staff available to take calls at peak times.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They 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 people reasonable support, a verbal and a written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service. There was a comments box in reception.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active, virtual PPG with 230 members; we were told that discussions had taken place to arrange face to face meetings with the PPG. The practice communicated with the group by email on a quarterly basis, carried out patient surveys, published results and submitted proposals for improvements to the practice management team. For example, patients had asked for more information about services provided in the local area. The practice arranged for external speakers to attend in house training sessions to keep staff fully informed of available services.

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 and the wider area. The practice team was forward thinking and part of

Are services well-led?

Good 

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

local pilot schemes to improve outcomes for patients in the area for example, GPs from the practice were part of the mental health procurement advisory group. The practice was a teaching and a training practice and had maintained high standards for training and supporting its students, the

practice received cohorts of medical students from Cambridge University Medical School. Many of the GP Registrars had returned to the practice as employees . Four of the GPs were trainers and also undertook professional development reviews for other GPs outside the practice.