

# The Bucklebury Practice

## Quality Report

Chapel Row Surgery  
The Avenue  
Bucklebury  
Reading  
Berkshire  
RG7 6NS  
Tel: 0118 971 3252  
Website: [www.crsurgery.co.uk](http://www.crsurgery.co.uk)

Date of inspection visit: 15 June 2016  
Date of publication: 23/08/2016

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

## Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

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

### Detailed findings from this inspection

Our inspection team	11
Background to The Bucklebury Practice	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Bucklebury Practice on 15 June 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they 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.
- 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.

However,

- The practice used patient group directions (PGDs) for some travel vaccines. We found two of these had expired in March 2016. The practice nursing team were unaware of the expiry date, they had not been informed by NHS England and there were no further updates or extensions to the existing ones. Once it was brought to their attention, one of the nurses completed a significant event record and initiated the use of a patient specific direction to cover the small number of patients requiring these vaccines.

# Summary of findings

During a root cause analysis of the event, it transpired the GPs were signing the travel assessment form which prescribed the vaccine by default.

The areas where the provider should make improvements are:

- To ensure a system is in place for checking the patient group directions expiry dates for travel vaccines.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. 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.

However,

- The practice used patient group directions (PGDs) to administer travel vaccines to patients. Two of these were out of date since 31 March 2016. The nurse in charge of travel vaccines had not recognised they had expired. Once this was brought to their attention, the nurse filed a significant event form and the practice initiated the use of patient specific directions for the two travel vaccines affected. During a root cause analysis of the event, it transpired the GPs were signing the travel assessment form which prescribed the vaccine by default.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



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

Good



## Are services well-led?

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

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

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- 85% of patients with chronic kidney disease had achieved a target blood pressure compared to the CCG average of 80% and national average of 81%.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Diabetic indicators showed the practice had achieved 90% compared to the CCG average of 86% and national average of 89%. For example, 86% of patients with diabetes had achieved a target cholesterol reading which was higher than the CCG average of 82% and national average of 81%.
- The practice held virtual clinics with a Community Diabetes Consultant and one of the GPs was the clinical commissioning group lead for diabetes care.
- The practice offered care planning for all diabetic patients and annual screening for pre-diabetic patients with health and lifestyle advice to reduce the risk of developing diabetes.
- 87% of patients with chronic obstructive pulmonary disease (a lung condition) had a review and an assessment of breathlessness compared to the CCG and national averages of 90%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients 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 patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 84% of women aged between 25 and 64 had a record of receiving a cervical smear test within the last five years compared to the CCG average of 87% and 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.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good





# Summary of findings

- 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.

## **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).

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 87% and national average of 89%.
- 100% of patients with a diagnosed psychiatric condition had a comprehensive, agreed care plan in the last 12 months compared to the CCG average of 86% and national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with, or above, local and national averages. 238 survey forms were distributed and 112 were returned. This represented 1.5% of the practice's patient list.

- 96% of patients found it easy to get through to this practice by phone compared to the CCG average of 80% and national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and national average of 85%.
- 90% of patients described the overall experience of this GP practice as good compared to the CCG average of 87% and national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 80% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 118 comment cards, of which, 90 were wholly positive about the standard of care received. Patients felt their care needs were catered for and the staff went out of their way to help. Twenty seven cards offered a mixed view with positive comments about the care received but negative reflections of the appointments system and some staffs attitude. Only one negative comment overall discussed a communication issue between the practice and a patient.

The latest friends and family test results showed the practice was rated highly by patients, with 90% recommending the practice to someone new to the area.

## Areas for improvement

### Action the service SHOULD take to improve

- To ensure a system is in place for checking the patient group directions expiry dates for travel vaccines.

# The Bucklebury Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to The Bucklebury Practice

The Bucklebury Practice (also known as Chapel Row Surgery) offers primary medical services to over 7,600 patients in a 50 square mile area of rural and semi-rural West Berkshire. The practice area has an estimated low level of socio-economic deprivation, meaning few patients are affected by deprivation locally. There is a lower number of unemployed patients compared to local and national averages. The practice profile is mainly white British, with only 3% of the local population from ethnic minority backgrounds.

The practice has three GP partners (two male, one female) and two salaried GPs (both female). The GPs offer 35 sessions per week which offers a working time equivalent (WTE) of 4.38 full time GPs. The nursing team consists of five practice nurses (all female) who are all part time and make up 2.81 full time WTE. In addition, there is one healthcare assistant/phlebotomist (female). The dispensary team includes a full time dispensary manager, an assistant dispensary manager, four qualified dispensers and two dispensary assistants. Day to day management of the practice is delivered by a full time practice manager, two medical secretaries, two administration staff, a summariser, a reception manager and seven receptionists. There are also two cleaners employed by the practice.

The Bucklebury Practice is a single storey purpose built building which has been extended in recent years. There is a large car park to the front and rear of the building with a small number of designated disabled parking spaces. The entranceway has wide doors which lead to a large lobby and reception area. There is a large waiting room with adequate space for wheelchairs and pushchairs. There are eight GP consultation rooms and three nurse/phlebotomist treatment rooms which are accessible from the waiting area. There are two patient toilet facilities including a disabled toilet with emergency pull cord. Baby change facilities are also available.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are offered from 8.30am to 12.45pm every morning and 2pm to 6.15pm daily. Extended hours clinics are offered on Monday and Wednesday evenings until 7.30pm and alternate Saturdays from 9am to 12pm. The practice have opted out of offering out of hours GP services. This cover is provided by Westcall via the NHS 111 telephone service.

All services are provided from:

The Bucklebury Practice, Chapel Row Surgery, The Avenue, Bucklebury, Reading, RG7 6NS.

The practice has not been inspected by CQC prior to this visit.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

# Detailed findings

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, such as the CCG, healthwatch and NHS England, to share what they knew. We carried out an announced visit on 15 June 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, practice manager and dispensary manager.
- Collected written feedback from receptionists, administration team and dispensers.
- Spoke with representatives from the PPG.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a young patient presented with an allergic reaction and was too young to take tablet medicines. A syrup form of antihistamine (an anti-allergy medicine) was unavailable for use. The practice reviewed their emergency protocol and decided to stock the syrup form of antihistamine medicine in the emergency medicine bag.

### 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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. 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 on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice used PGDs to administer some travel vaccines to patients. Two of these were out of date since 31 March 2016. The nursing team had not recognised they had expired. Once this was brought to their attention, by the inspection team, one of the nurses filed a significant event form and the practice initiated the use of patient specific directions (PSDs) for

## Are services safe?

the two travel vaccines affected. A root cause analysis of the event showed the GPs had been signing a travel assessment form which authorised the use of the vaccines without the need for a PGD.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

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

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 98% of the total number of points available with 6% exception reporting, which was below the national average of 9%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 90% which was above the CCG average of 86% and national average of 89%.
- Performance for mental health related indicators was 100% which was above the CCG average of 94% and national average of 93%.

There was evidence of quality improvement including clinical audit.

- There had been 12 clinical audits completed in the last two years, three 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, recent action taken as a result included an uncomplicated urinary tract infections (UTI) audit showed diagnostic tests were used in 85% of cases despite clear guidance on diagnostic testing. The practice shared the results with the GPs and discussed the learning outcomes. The repeat audit showed an improvement to 95% within three months. This meant most patients presenting with symptoms of UTI received appropriate diagnostic tests before treatment or advice was offered.

Information about patients' outcomes was used to make improvements such as: an audit of sore throat markers for prescribing antibiotics showed the GPs had correctly prescribed these in 75% of cases. Learning was shared and discussed amongst GPs at training days and the repeat audit showed an improvement to 100% within a four month period. This meant all patients presenting with a sore throat had received an assessment in line with guidelines and were prescribed the correct course of antibiotics if this was deemed appropriate.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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. For example, the practice nurses had undertaken specialist training such as the Warwick course (for diabetes care and management) and an asthma diploma, to ensure they were up to date in these areas.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

# Are services effective?

## (for example, treatment is effective)

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

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice manager had encouraged use of the e-learning modules by promoting a monthly training schedule. For example, June 2016 was “Information Governance” month, where all staff were expected to undertake the training within the month of June. Staff told us they felt the training schedule offered them a structure whilst also being flexible over a one month period.

### 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients’ needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient’s mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient’s capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was available from a local support group.

The practice’s uptake for the cervical screening programme was 84% which was comparable to the CCG average of 87% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by offering opportunistic screening and follow up appointments for patients who had not attended for screening to discuss concerns. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example, 78% of female patients aged between 50 and 70 were screened for breast cancer in the preceding 36 months compared to the CCG average of



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

77% and national average of 72%. 65% of patients aged between 60 and 69 were screened for bowel cancer in the preceding 30 months compared to the CCG average of 61% and national average of 58%.

Childhood immunisation rates for the vaccinations given were mixed in comparison to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 77% to 97% compared to the CCG average of 87% to 93%. Rates for five year olds ranged from 92% to 99% compared to the CCG average of 89% to 97%.

The data showed a low immunisation rate for infant meningitis C at 77%. The practice nursing team showed the inspector a CCG breakdown of immunisation uptake per surgery. The practice had achieved 100% for infant meningitis C in the year 2015/16.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

90 of the 118 patient Care Quality Commission comment cards we received were positive about the service experienced with 27 offering a mixed view and one overall negative comment. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Of the negative comments we received, the majority (17 cards) cited the appointments system as the most troublesome aspect.

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

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and national average of 85%.
- 99% of patients said the nurse was good at listening to them compared to the CCG average of 93% and the national average of 91%.
- 98% of patients said the nurse gave them enough time compared to the CCG average of 94% and the national average of 92%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and national average of 91%.
- 100% of patients said they had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

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

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

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

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 82%.

## Are services caring?

- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 93% and the national average of 90%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% and national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

- 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.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 121 patients as carers (1.58% of the practice list). The practice offered information to these patients through a carer's hub which is supported by the local CCGs and local councils. Written information was available in the practice 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 contact 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

Services were planned and delivered to take into account the needs of different patient groups. For example;

- The practice offered extended hours clinics for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were offered from 8.30am to 12.45pm every morning and 2pm to 6.15pm daily. Extended hours appointments were offered on Monday and Wednesday evenings from 6.30pm to 7.30pm and every alternate Saturday from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for patients that needed them. The practice had recently changed all routine appointments to 15 minute slots to accommodate patient's needs and give the GPs more time with complex or multiple problems.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to or above local and national averages.

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 96% of patients said they could get through easily to the practice by phone compared to the CCG average of 80% and national average of 73%.

Comment cards received on the day of the inspection showed that 17 of the 118 patients were unable to get appointments when they needed them. There was also some feedback from patients about routine appointments taking up to six weeks to book in advance in the comments received. However, we saw evidence of appointments being available for the same day, next day and the following week during the inspection.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- The urgency of the need for medical attention.

The requests for home visits were discussed and shared amongst the GPs on duty for any given day to ensure continuity of care and to take into account geographic locations, for example, GPs were carrying out home visits in their specific areas. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made, such as calling 999 for emergency ambulance assistance. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

We looked at 23 complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. There was openness and transparency in dealing with the complaints. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, following a complaint from a patient about waiting over an hour for their appointment, the practice had reviewed staff communication with patients. The practice was updating patients if there was a delay with their appointment whilst waiting.

# 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 was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included

support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG approached the practice about increasing the parking availability. The practice built an additional gravel parking area to the side and rear of the building to make additional spaces. In addition, the PPG were involved in the production of a newsletter for patients incorporating information on health and advice. For example, requesting patients to visit the practice in the afternoon to collect their repeat prescriptions.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, informal open discussion and staff appraisals. Staff told us the practice manager offered an open door policy and any member of staff could approach them at any time. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff requested a change to the layout of the back office and this was actioned by the practice which offered a more efficient space for them to work in. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

to improve outcomes for patients in the area. For example, the practice had taken part in a pilot project in association with Public Health England to trial an in-house blood testing machine. GPs could take a pinprick of blood and test for C-reactive proteins (CRP – found in the blood stream when an infection is present). This assisted GPs in their decision making process to consider if antibiotic therapy was required for certain ailments. The benefits of having a blood testing facility onsite was evident to the practice and the GPs were keen to continue to use it. They felt it would reduce unnecessary referrals to Emergency Departments and improve health checks for some long term conditions, as the machine was able to test for cholesterol and blood sugar levels. They were awaiting a review by Public Health England of the results of the pilot scheme.