

# Bank House Surgery

## Quality Report

84 High Street  
Farnborough  
Kent BR6 7BA  
Tel: 01689 857691  
Website: [www.bankhousegp.co.uk](http://www.bankhousegp.co.uk)

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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 Bank House Surgery on 4 October 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.
  - Verbal consent was obtained and recorded in patients records. However, written consent was not obtained for procedures such as the insertion of an intrauterine contraceptive device (IUCD).
- 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.

We saw an area of outstanding practice:

# Summary of findings

- The practice had introduced a new initiative where the Practice Nurse attended an annual late afternoon tea with the clients in three local residential care homes for patients with learning difficulties. After tea, the nurse conducted the annual review for patients and administered injections such as the flu vaccination. This initiative enabled the practice to get a holistic picture of their patients in their home environment; helped to build relationships and reduced the anxiety of the patients. It also overcomes problems such as arranging transport to appointments, carers being taken away from the home on escort duty and patients missing attendance at day centres.

There were areas where the provider should make improvements:

- The provider should obtain written consent from patients prior to carrying out procedures such as the insertion of an intrauterine contraceptive device (IUCD).

**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.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than the local and national averages 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect and maintained confidentiality of patient information.
- The practice had identified 85 patients as carers (3% of the practice list). A patient liaison officer was available to provide advice, support and written information to direct carers registered at the practice to the various avenues of support available to them.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice had introduced a new initiative where the Practice Nurse attended an annual late afternoon tea with the clients in three local residential care homes for patients with learning difficulties. After tea she conducted annual reviews and administered injections such as flu vaccinations.
- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they were usually able to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had satisfactory facilities and was 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 staff 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 provider encouraged a culture of openness and honesty.
- The practice had systems in place for the reporting and investigation of 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 practice had developed and introduced WE Care (Workforce and Employers Care). An initiative set up by practice staff to provide an informal network for carers in the workforce across the organisation. The aim was to provide support to each other and share ideas as to how they could improve the experience of carers both for their employees and their patients.
- The patient participation group was active and contributed to the development of the practice improvement programme.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Quality and Outcomes Framework (QOF) performance indicators for conditions found in older people were comparable to local and national averages.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- GPs worked closely with practice nursing staff and community specialist nurses in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- The practice performance rate for the Quality Outcomes Framework (QOF) diabetes related indicators was above the local and national average.
- Longer appointments and home visits were available when needed.
- 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. These patients were discussed at the quarterly multi-disciplinary team meetings.

Good



### 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 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.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and we saw evidence to confirm this. The practice had produced an information leaflet for young people explaining how to use the services provided by the practice.
- The percentage of women aged 25 to 64 years who had received a cervical screening test in the preceding five years was comparable to the local and national averages.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of effective joint safeguarding working.

## **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.
- Extended hours appointments were available at the surgery one evening a week.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflects the needs for this age group.

Good



## **People whose circumstances may make them vulnerable**

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

- The Practice Nurse attended an annual late afternoon tea with the clients in three local residential care homes for patients with learning difficulties. After tea she conducted annual reviews and administered injections such as flu vaccinations.
- 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 and annual reviews for patients with a learning disability which was available through a home visit if requested to avoid stress to the patient. In the current year all patients on the learning disability register had received an annual review.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Outstanding





# Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

## **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).

- 93% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was above the local average of 83% and national average of 84%.
- 100% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was above the local average of 84% 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 advised patients experiencing poor mental health how to access various support groups and voluntary organisations.
- A counsellor provided a clinic at the surgery once a week.
- 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.
- The practice is a member of the Bromley Dementia Action Alliance (a movement formed to support and encourage communities and organisations to take action to assist people with dementia to live well and to reduce the need for crisis intervention.)

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing above local clinical commissioning group (CCG) and national averages. 250 survey forms were distributed and 109 were returned. This represented a response rate of 43% (3.8% of the practice's patient list).

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 91% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 84% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our visit. We received 83 comment cards which were all positive about the standard of care received. Two cards also included negative comments regarding difficulty getting through on the telephone and the waiting time for booking routine appointments. However, we saw the practice were taking action to address these issues.

We spoke with five patients during the inspection. All five patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. The January to June 2016 survey results showed that the majority of patients would recommend the practice to friends and family. Of the 51 respondents, 98% (50 respondents) were likely to recommend the practice to friends and family.

## Areas for improvement

### Action the service SHOULD take to improve

- The provider should obtain written consent from patients prior to carrying out procedures such as the insertion of an intrauterine contraceptive device (IUCD).

## Outstanding practice

We saw an area of outstanding practice:

- The practice had introduced a new initiative where the Practice Nurse attended an annual late afternoon tea with the clients in three local residential care homes for patients with learning difficulties. After tea, the nurse conducted the annual review for patients and administered injections such as the flu vaccination. This initiative enabled the

practice to get a holistic picture of their patients in their home environment; helped to build relationships and reduced the anxiety of the clients. It also addressed problems such as arranging transport to appointments, carers being taken away from the home on escort duty and residents missing attendance at day centres.

# Bank House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Bank House Surgery

Bank House Surgery is based in a single storey converted detached property which was previously a bank. It is located in the London Borough of Bromley within a predominantly residential area of Farnborough with a small local high street nearby. The property has been converted for the sole use as a surgery and now includes one consulting room, one treatment room, reception area, waiting room and an administration office. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as an Organisation (AT Medics). AT Medics is a GP-led organisation providing services in 14 London CCGs providing NHS services including GP practices, walk in centres and minor injuries units. Services at Bank House Surgery are delivered under a General Medical Services (GMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

The practice has 2880 registered patients. The practice age distribution is slightly lower than the national average for the 15 to 34 year age group. The surgery is based in an area with a deprivation score of 9 out of 10 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by one salaried GP (female) providing 8 sessions per week; one regular locum GP (male) providing 2 sessions per week and one part-time Practice Nurse (0.65 wte).

Administrative services are provided by a Director of Operations (0.8 wte) and administration/reception staff (2.7 wte).

The practice provides five-week secondments for medical students from St George's Hospital who are in their final year of training. They offer placements for six medical students each year.

The reception and telephone lines are open between 8am and 6.30pm Monday to Friday with reception extended hours provided from 6.30pm to 8.30pm on Monday. The surgery is closed at weekends.

Pre-booked and urgent appointments are available with a GP from 8am to 11.40am, 3pm to 5.30pm and 6.30pm to 8.30pm on Monday; from 8am to 11.30am and 3.10pm to 5.40pm on Tuesday; from 8am to 11am and 2pm to 3.30pm on Wednesday; from 8am to 11am on Thursday and from 9am to 11.30am and 3.30pm to 6pm on Friday.

Pre-booked appointments are available with the Practice Nurse from 1pm to 5pm and 6pm to 8pm on Monday; from 8am to midday on Tuesday, Wednesday and Friday and from 1pm to 5pm on Wednesday.

Extended hours appointments are also provided through the local GP Alliance Hub service. These appointments are available between 6.30pm and 8pm Monday to Friday and from 9am to 1pm Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the alliance and full access to GP electronic records is available for all consultations.

# Detailed findings

When the surgery is closed, urgent GP services are available via NHS 111.

## 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 undertaken 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 4 October 2016.

During our visit we:

- Spoke with a range of staff including a salaried GP, Practice Nurse, Director of Operations and reception/administrative staff.
- Spoke with a representative of the patient participation group (PPG).
- Spoke with patients who used the service
- Reviewed an anonymised sample of the 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. 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 (QOF) data, this relates to the most recent information available to the CQC inspection team 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 Director of Operations of any incidents and there was an incident recording form available on the practice computer system. The incident reporting procedure supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and an evaluation of the incident was discussed at weekly team meetings attended by all practice staff. Learning was shared with staff at these meetings and circulated to any staff not present. Sharing of learning and implementation of changes that required urgent action was disseminated immediately.

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 discharge notification was received from hospital pertaining to the admission and discharge of a child already known to Social Services and on a Child Protection Plan. The GP was concerned that the practice was not already aware of these safeguarding issues and that there was no alert code on the child or mother's records. Further investigation by the practice identified that the safeguarding concerns pertained to another patient seen at the hospital, not a patient at the practice. This error caused incorrect safeguarding information to be imported into the discharge record by the hospital. No changes were required to the practice procedures as staff had followed the practice safeguarding procedures appropriately. However this incident was shared with staff as it did emphasise the importance of accurately matching patient

data and the need to follow up discrepancies in information received to confirm it is correct. The practice alerted both the hospital and social services of the incident.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff attended safeguarding meetings when required and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all staff had received training on safeguarding children and vulnerable adults relevant to their role. The GPs and Practice Nurse were trained to Child Safeguarding level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Practice Nurse and Director of Operations were the infection control leads for the practice and 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 all improvements identified.
- 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).

## Are services safe?

- 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 (PGDs) had been adopted by the practice to allow the Practice Nurse to administer specific medicines or vaccinations in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- Patient Specific Directions (PSDs) had also been adopted by the practice to allow the Practice Nurse to administer certain medicines against a patient specific direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

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

- The practice had up to date fire risk assessments and carried out regular fire drills.
- All electrical equipment was checked annually 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, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There was a rota system in place for all staffing groups to ensure sufficient 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 an emergency.
- All staff received annual basic life support training and staff administering injections had received anaphylaxis training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- 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.
- A first aid kit and accident book were also available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and a relocation address if required. Copies of the plan were also accessible off-site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent results available to the inspection team (2014/15) showed that the practice achieved 100% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 94% and national average of 95%.

The practice exception reporting rate was 4% which was lower than the CCG average of 8% and 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 clinical targets. Data from (2014/15) showed:

- Performance for diabetes related indicators of 100% was higher than the CCG average of 87% and national average of 89%.
- Performance for mental health related indicators of 100% was above the CCG average of 91% and national average of 93%.

Exception reporting for these indicators was comparable to the CCG and national averages.

The practice participated in local audits, national benchmarking, accreditation and peer review. There was evidence that information about patients' outcomes and clinical audit was used to make quality improvements.

We looked at six clinical audits completed in the last two years where the improvements made were implemented and monitored. For example, a two-cycle completed audit was carried out to ensure all patients with a confirmed diagnosis of heart failure due to Left Ventricular Systolic Dysfunction (LVSD) were treated with optimal doses of appropriate medicines.

- In 2014/15 the records of all patients on the heart failure register were reviewed to confirm that the 14 patients with LVSD had their diagnosis confirmed by a specialist and that their diagnosis was correctly coded. Patients who had not had their medicines titrated to the optimal dose were then reviewed and appropriate action taken.
- The results of the second cycle of the audit carried out in 2015/16 was positive in confirming that the practice had continued to correctly diagnose and code patients and that they had continued with the dose up titration process in existing patients with LVSD and commenced the process for all newly diagnosed patients.

### 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, the practice nurse who reviewed patients with long-term conditions received appropriate training and updates for the specific disease 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 demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on-line resources and through discussion and support from colleagues.

# Are services effective?

## (for example, treatment is effective)

- 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 mandatory training that included: safeguarding, fire safety awareness, basic life support, information governance, Mental Capacity Act and infection control. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their internal shared drive and 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 quarterly basis when care plans were routinely reviewed and updated for patients with complex needs.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- Verbal consent was obtained and recorded in patients records. However, written consent was not obtained for procedures such as the insertion of an intrauterine contraceptive device (IUCD).

### 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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice uptake rate for the cervical screening programme was 82%, which was comparable to the CCG average of 84% 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 and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Immunisation rates for the vaccinations given to children were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93% to 96% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. Appropriate follow-ups for the outcomes of health assessments and checks were made, 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 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 83 patient Care Quality Commission comment cards we received were positive about the care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with a member of the patient participation group (PPG) who told us they were satisfied with the care provided by the practice and said they felt valued and listened to by the practice management.

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

- 92% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.

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

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

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

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us they used interpreting services for patients who did not have English as a first language or required a British Sign Language (BSL) interpreter. We saw notices in the reception area informing patients this service was available.
- Information leaflets were available in the waiting room on a variety of health related subjects.

## Are services caring?

### **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.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 85 patients as carers (3% of the practice list). A patient liaison officer was available to provide advice, support and written information to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement a sympathy card was sent. This was followed by a call from the practice. A consultation was offered at a flexible time and location to meet their needs and advice given on how to access support services. The practice had also produced an information leaflet providing advice and guidance for recently bereaved relatives. All staff were informed immediately of the death of a patient.

# 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.

- The practice offered extended hours on a Monday between 6.30pm and 8.30pm for patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and patients who requested them.
- Home visits were available for patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS and patients were referred to other local clinics for vaccines only available privately.
- The premises was accessible to patients in wheelchairs and plans were in place to install appropriate disabled toilet facilities.
- An interpreting service was available for patients who required it.

The practice had also asked the patients and their carers living in three local residential care homes for people with learning disabilities 'what didn't they like about the surgery?'. The responses they received included:

- They said they didn't like injections.
- Carers said they had problems with transport
- Appointment times during the day meant patients were unable to attend day centres.

As a result the practice introduced a new initiative where the Practice Nurse attended an annual late afternoon tea with the clients at each of the three homes and afterwards carried out their annual reviews and administered injections, such as the flu vaccination. This initiative enabled the practice to get a holistic picture of their patients in their home environment helping to build relationships and reducing the anxiety of the clients. It also addressed problems such as arranging transport,

carers being taken away from the home on escort duty and patients missing attendance at day centres. 100% of patients on the learning disability register had received an annual review.

### Access to the service

The reception and telephone lines were open between 8am and 6.30pm Monday to Friday with reception extended hours provided from 6.30pm to 8.30pm on Monday. The surgery was closed at weekends.

In addition to appointments that could be booked up to six weeks in advance, urgent appointments were available on the same day for people who needed them.

Pre-booked and urgent appointments were available with a GP from 8am to 11.40am, 3pm to 5.30pm and 6.30pm to 8.30pm on Monday; from 9am to 11.30am and 3.10pm to 5.40pm on Tuesday; from 9am to 11am and 2pm to 3.30pm on Wednesday; from 9am to 11am on Thursday and from 9am to 11.30am and 3.30pm to 6pm on Friday.

Telephone consultations with the GP were available daily and the practice had introduced telephone triage carried out by the GP for one hour every Tuesday, Wednesday and Thursday morning between 8am and 9am.

Pre-booked appointments were available with the practice nurse from 1pm to 5pm and 6pm to 8pm on Monday; from 8am to midday on Tuesday, Wednesday and Friday and from 1pm to 5pm on Wednesday.

Extended hours appointments were also available through the local GP Alliance Hub service. These appointments are available between 6.30pm and 8pm Monday to Friday and from 9am to 1pm Saturday and Sunday. Appointments had to be booked through the surgery. The service was staffed by GPs from the practices who are members of the alliance and full access to GP electronic records was available for all consultations.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

# Are services responsive to people's needs?

(for example, to feedback?)

Patients told us on the day of the inspection that they were usually able to get appointments when they needed them but that the telephone lines were very busy in the mornings. In an attempt to address this issue, the practice had introduced telephone triage carried out by the GP for one hour every Tuesday, Wednesday and Thursday morning. They had also displayed a poster on the notice board in the waiting area encouraging patients not to ring for test results and non-urgent requests or queries between 8am and 10am when the telephone lines were busier with patients booking appointments and launched a new website which introduced e-consultations and encouraged uptake of online services by offering initial support to register for the service if required. The organisation was also in the process of procuring an improved telephone system.

Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system in place to assess the urgency of the need for medical attention and whether a home visit was clinically necessary. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP visit, alternative emergency care arrangements were made.

## **Listening and learning from concerns and complaints**

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

- The practice 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, such as a poster and leaflets in the waiting area.

We looked at two complaints received in the last 12 months and found that these were satisfactorily handled, in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken to improve the quality of care provided. For example, a patient had complained that they should not be asked to register at another practice when they moved out of the area. The rationale for the decision was fully discussed with the patient and agreement reached that they would register elsewhere. The advice to the patient to register with another surgery was made following the practice patient removal policy. However, following the complaint the practice had considered ways to improve on their current procedure. They therefore displayed a poster in reception which reminded patients to notify the practice if they changed address and informed them that they may be asked to register with another practice if they moved out of the area.

# 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 area and staff knew and understood the values.
- The practice had an effective 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 outlined the structures and procedures in place to support the delivery of their strategy for the provision of good quality care.

- There was a clear staffing structure and staff were aware of their own roles and responsibilities and those of colleagues.
- Practice specific policies were implemented and were available to all staff via the practice shared drives and intranet system.
- 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 practice management 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 that the management team were approachable and always took the time to listen to 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).

The provider 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 people 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 and we saw evidence to support this.
- 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. All staff were involved in discussions regarding the development of the practice and staff were encouraged to identify opportunities to improve the service delivered.

### 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, which had been introduced in 2006, currently consisted of a membership of six patients who met every four months. They assisted with the development of patient surveys and submitted proposals to the practice management team for suggested improvements to patient services. They told us that they felt the practice was keen to improve the services it provided and acted on the suggestions of the PPG. Examples of changes that had

# Are services well-led?

Good 

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

been implemented by the practice following feedback from the PPG included the procuring a new telephone system to improve the patient experience when contacting the surgery.

The practice had gathered feedback from staff through discussion at staff meetings and annual staff appraisals. 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.

The practice had introduced WE Care (Workforce and Employers Care). This was an initiative developed by two carers at the surgery to provide an informal network for

carers in the workforce across the organisation to provide support to each other and share ideas as to how they could work together to improve the experience of carers both for employees and patients.

## **Continuous improvement**

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. There was a focus on continuous learning and improvement at all levels within the practice. For example, the practice QOF results had identified a low practice prevalence for asthma and as a result the practice nurse had been supported to undertake the Diploma in Asthma Management. The practice were also in the process of implementing an ECG service to facilitate easier access to this diagnostic test for patients.