

# Pinehill Surgery

## Quality Report

Pinehill Surgery

Pinehill Road

Borden

Hampshire

GU35 0BS

Tel: 01420 477968

Website: [www.pinehillsurgery.co.uk](http://www.pinehillsurgery.co.uk)

Date of inspection visit: 13 September 2016

Date of publication: 23/01/2017

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 Pinehill Surgery	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 Pinehill Surgery on 13th September 2016. Overall the practice is rated as good.

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

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice overall patient list had reduced due to changes in the local area but had identified the new growth in patient numbers due to influx from other services. The staff level had not yet been reviewed to ensure the practice could continue to meet the needs of patients.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with a GP triage service available for making urgent appointments available the same day.
- The practice was well equipped to treat patients however access to the building requires a review for patients with a disability.

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. However the meetings to discuss findings had been less often and minutes were not circulated as relevant to staff.
- Risks to patients were assessed and well managed. However a fire safety evacuation of staff and patients had not been undertaken since 2012.
- 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. However not all staff had received a regular performance review.
- There was a clear leadership structure. The practice proactively sought feedback from patients, which it acted on
- The provider was aware of and complied with the requirements of the duty of candour

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

# Summary of findings

- Review the practice policy and procedures to ensure all are up to date for example, fire safety including fire evacuation drills.
- Ensure access to the practice is reviewed to enable patients with a disability to use the facilities independently.
- Review the staffing levels to meet the needs of the patients as the patient list grows.
- Hold regular practice meetings or other ways of communication, which are documented and available to all relevant staff
- Develop a planned annual audit programme for the practice to measure continuous quality improvement of their services.

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

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. However, lessons were not always 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 policy and procedures need to be reviewed to ensure all are up to date for example, fire safety including for fire evacuation drills.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- 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.
- A clinical audit demonstrated quality improvement; however there was not a planned annual audit programme for the practice to measure continuous quality improvement of their services.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of some appraisals and personal development plans for all staff, however not all the staff files were up to date.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Staff were trained in dealing with emergency situations.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

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

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. The practice is part of the local Vanguard initiative – One Team. This is a project to assist with signposting patients to the most appropriate services. The practice also attends a local Whitehill and Borden 'Garrison to Green Town' group which is a new town planning group.
- 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 was well equipped to treat patients however the access to the building for patients with a disability requires a review.
- 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 not widely shared with relevant staff.

## Are services well-led?

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

Good



- The practice had a vision and a strategy but not all staff were aware of this and their responsibilities in relation to it. There was a documented leadership structure and most staff felt supported by management but at times they weren't sure who to approach with issues.
- The practice had a number of policies and procedures to govern activity, but some of these were overdue a review.
- All staff had received inductions but not all staff had received regular performance reviews or attended staff meetings and events.

# Summary of findings

- The practice was going through a period of change both in partnership of GP's and a recent increase of newly registered patients. This was due to a local branch practice of another practice closing.
- The staff reported that they felt that more staff were needed and that they had difficulty in organising staff meetings and updating some of the systems and processes to support the operational management of the practice.

# 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.
- The practice offered a GP triage service each morning and afternoon for patients enabling them to have direct contact with doctor.

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. The nurse practitioner is the lead for respiratory conditions and the practice nurse is the lead for diabetes.
- 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



### 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.
- The number of patients who had a cervical smear between 1/4/2014 and 31/3/2015 was 80%, we saw statistical evidence that this has risen to 83% in the last year.

Good



# Summary of findings

- 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. This was demonstrated in the practices participation in the local Vanguard initiative, signposting patients to the most appropriate service.

## **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 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.
- 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.
- We saw the new drafts of the safeguarding policies which were being updated with the assistance of the clinical commissioning group leads.

**Good**



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

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

**Good**





# Summary of findings

- 87% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- 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.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. 260 survey forms were distributed and 97 were returned. This represented a return rate of 37% of the survey forms sent out to patients and 2.85% of the patient population.

- 82% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 79% 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%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 57% 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 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. A few references were made about trying to get through to the practice on the phone and sometimes getting appointments can be difficult.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Patients reported that sometimes appointments were running late.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Review the practice policy and procedures to ensure all are up to date for example, fire safety including fire evacuation drills.
- Ensure access to the practice is reviewed to enable patients with a disability to use the facilities independently.

- Review the staffing levels to meet the needs of the patients as the patient list grows.
- Hold regular practice meetings or other ways of communication, which are documented and available to all relevant staff
- The practice must develop a planned annual audit programme for the practice to measure continuous quality improvement of their services.

# Pinehill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience.

Experts by experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

### Background to Pinehill Surgery

Pinehill Surgery is situated in Bordon, Hampshire which was a garrison town. The majority of the families have been moved out of the area by the military resulting in a drop in practice size between April 2015 and April 2016 but new registrations are rising.

The practice is located in a purpose built building with easy access to parking and disabled parking. Services are provided on the ground floor, staff will assist wheelchair users to access the outer doors. The fabric of some parts of the building requires improvement such as blinds, however, the practice is in discussion with local planners about the development of a new town as part of the project 'Garrison Town to Green Town', this will include a new primary care facility.

The practice population is recorded as 3400 but continues to increase monthly. The practice population of registered

patients aged between 0-4 is above the national average. Patients aged between 45-65 are above the national average and patients between the ages of 69-85 are below the national average of registered patients.

Nationally reported data shows a low level of deprivation among the practice population. Income deprivation is therefore not an issue for the practice but they are aware of those patients whose health may be affected by low incomes. No ethnic group's needs were identified by the practice.

The practice delivers services via a General Medical Services (GMS) contract. (A GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract). There are two part-time partners one male and one female. The male partner is leaving in September and a new male partner has been appointed. One part-time Nurse practitioner, one part-time Practice Nurse, one part-time Health Care Assistant, one part-time practice manager, one part-time Accounts Administrator/Reception Manager and four part-time receptionists.

The practice is a training practice but has no trainee or doctor at the time of the inspection.

Services are provided from the following location:

Pinehill Surgery

Pinehill Road

Bordon

Hampshire

GU35 0BS

# Detailed findings

The practice has core opening hours between 8.00am and 6.30pm Monday to Friday, on two evenings each week the practice is open until 7pm. Once a month there is a Saturday morning clinic from 9am – 12pm for booked appointments.

The practice website is up to date and informative. The out of hours services are provided by Hampshire Doctors on Call evenings from 6.30pm – 8am and all bank holidays and weekends.

## 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 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 13 September 2016.

During our visit we:

- Spoke with a range of staff including 2 GP's, 2 nurses, 2 receptionists and the practice manager.
- We also spoke with patients who used the service.

- 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. However, we were told that due to the pressures on staff the minutes were not typed up and the practice meetings had become irregular.

### 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, we saw the new draft documents which the practice were reviewing with the assistance of the Clinical Commissioning Group leads for adults and children. 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 and nurses 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. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the

## Are services safe?

appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We were told that locums were rarely used and that an ex-partner was sometimes contracted. However, we saw no evidence that the practice checked all the documentation of locum staff recruited through an agency.

### 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. This was not available on the practice intranet because it was being updated. An assessment of the building was undertaken in April 2015. The practice had up to date fire risk assessments and training and learning was accessed through the CCG learning portal, however the last fire drill was carried out in 2012. All electrical equipment was checked on 26 July 2016 to ensure the equipment was safe to use and clinical equipment was checked on 31 July 2016 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). The practice had sought advice on safe water temperatures however they had not contracted a specialist for a full risk assessment.

- 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 97% of the total number of points available. This was comparable to the CCG average of 97% and above the national average of 95%. The practice exception reporting rate was 6% compared to the local CCG average of 10% and 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 meant the practice continued to include more patients in their monitoring and follow up programmes. However, there was a disease area where indicators were below average whilst not an outlier for QOF (or other national) clinical targets.

- Data from 2014/15 showed the QOF performance for diabetes related indicators was below both the national and clinical commissioning group averages. The practice achieved 7% of the indicators compared to the CCG average of 13% and national average of 11%.
- However, the QOF performance for mental health related indicators was better than the CCG and national averages. The practice had achieved 99% of the

indicators compared to the CCG average of 95% and national average of 93%. similar when compared to the national average 13% for the practice compared to 11% nationally.

There was evidence of quality improvement including clinical audit.

- There had been one full cycle clinical audits completed in the last two years, this was completed and the improvements made were implemented and monitored. Currently an audit is being undertaken on minor surgery. The practice holds data of audits a range of screening and patients related reviews.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. However there was no evidence of a planned clinical audit programme.
- Findings were used by the practice to improve services. During the year September 2015-2016 the practice identified 58 unplanned hospital admissions. The practice therefore placed all these patients on a high risk management register and ensured they had agreed care plans in place.

Information about patients' outcomes was used to make improvements such as: Some patients had difficulty in securing an on the day appointment, the GP's implemented a telephone GP triage system for both mornings and afternoons.

#### 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, and confidentiality. We saw certificates in staff files that training had been undertaken. Staff used the 'Target' CCG e-learning modules to update on mental capacity, health and safety and equity and diversity.
- 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. The Nurse Practitioner was a specialist in respiratory disease and the practice nurse was a diabetes specialist. Staff reported that training was supported across the practice.



# Are services effective?

## (for example, treatment is effective)

- 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 discussion at practice meetings and CCG 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, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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.

The practice was in a 'Vanguard' area and had attended 'One Team' multi-agency workshops, where patient's navigation, patient's signposting and care pathways are currently under discussion in the Whitehill and Bordon locality.

### 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. We saw the template used for care plans; the dementia register and associated individual patients care plans. 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. We saw the carers register for the practice. Patients were signposted to the relevant services through the 'Vanguard' project.
- Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 81% which was comparable to the CCG average of 83% and national average of 82% There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample



# Are services effective?

(for example, treatment is effective)

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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. National data showed 73% of eligible patients had attended for breast screening in the last three years which was comparable to the CCG average of 71% and national average of 72%. In the last 30 months 59% of eligible patients attended for bowel cancer screening. This was also comparable to the CCG average of 63% and national average of 58%.

Childhood immunisation rates for the vaccines given were variable in comparison to CCG and national averages. For

example, childhood immunisation rates for the vaccines given to under two year olds ranged from 88% to 92% which was below the CCG average range of 93% to 96% but similar to the national average of 73% to 95%. For five year olds the practice range was 76% to 92% which was below both the CCG average range of 89% to 95% and national average of 84% to 95%.

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.

- Examination rooms 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. There was a notice requesting patients in a queue to stand away from the reception desk.

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a member of the patient participation group (PPG). The group tried to meet every 3 or 4 months and there were six members. They had influenced the purchase of some equipment in the waiting area and assisted with flu clinics. We were told that 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:

- 91% 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%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.

- 91% 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%.
- 88% 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%.
- 97% 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%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% 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 90% and the national average of 86%.
- 92% 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%.
- 92% 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 be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. Patients could use the CCG language line. However there were no notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- There was information about local voluntary groups, the leaflets were in English.

### **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 58 patients as carers this was 1.7 % of the patient population. We saw the care plans for carers, and they were offered relevant care pathways through the locality 'Vanguard' project. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice has requested a financial review due to the high number of new patient registrations.

- The practice offered a 'Commuter's Clinic' on two evenings a week until 7pm for working patients who could not attend during normal opening hours. The practice opened on a Saturday morning on a monthly basis.
- 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 require same day consultation. The majority of patients spoke directly to a GP for on the day triage
- Patients were able to receive travel vaccinations available on the NHS.
- There was a hearing loop and translation services available however the hearing loop was not working at the time of inspection.
- There was adequate access for wheelchair users, although there was no electronically operated door and no disabled toilet. In addition, the reception desk did not have a lowered desk. However, staff were available to assist patients. There were baby changing facilities were in the female toilet.

### Access to the service

The practice has core opening hours between 8.00am and 6.30pm Monday to Friday, on two evenings each week the practice is open until 7pm. Once a month there is a Saturday morning clinic from 9am – 12pm for booked appointments.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 87% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess: this was the GP triage telephone service

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

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. 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 there was no information in the waiting area but there was helpful information on the practice website.

We looked at a total of 6 complaints received by the practice during this year and found that they were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action were taken to as a result to improve the quality of care. For example, the practice had a power failure and the vaccines in the refrigerator were affected. A new fridge records the

## Are services responsive to people's needs? (for example, to feedback?)

temperature automatically. We were able to cross reference details in practice meeting, however the notes of the meetings were not typed up and the meetings had become irregular due to staff pressures.

# 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 we did not see displayed in the waiting areas but staff knew and understood the values.
- The practice was developing a strategy and supporting business plans which reflected the vision and values and were being developed alongside the concept of a new town and the role the practice will have in the future.
- We observed that this practice is subject to a period of considerable change led by local government and are willing to be key players in the plans for the future development of primary care services.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. However the review dates on a number of policies had expired, such as the safeguarding policies which were under review, but staff knew where to find policies and procedures and would always seek assistance from senior staff for any situation they felt required support.
- A comprehensive understanding of the performance of the practice was maintained.
- Clinical audits were limited and only one audit had been a completed cycle. There were several operational policies but no planned audit cycles to measure care outcomes.
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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 tried to hold regular team meetings, but due to the pressures of work the meetings were becoming infrequent.
- 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. However they understood the financial pressures the practice were currently experiencing.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were rarely involved in discussions about how to run and develop the practice, and the partners wished to encourage 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

# Are services well-led?

Good 

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

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, supporting the winter flu vaccination programme.

- The practice had gathered feedback from staff through the appraisals.. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management particularly over work load. Staff told us they did not feel 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. This was demonstrated by the new town development and the 'Vanguard' project.