

# Dr BB Jas Practice

## Quality Report

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

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

## Contents

### 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	6
What people who use the service say	9
Areas for improvement	9

### Detailed findings from this inspection

Our inspection team	10
Background to Dr BB Jas Practice	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr BB Jas Practice on 10 February 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 with infection prevention control and fire risk assessments.
- Medicines were managed safely and prescribing behaviour monitored to ensure safe and effective practise.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about how to make a complaint was readily accessible. The practice investigated verbal and written complaints in a timely and appropriate manner. They acknowledged areas for improvement and shared learning.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice valued and invested in their staff. They believed in clear communication, open working relationships and staff retention in order to deliver continuity of patient care.
- There was a clear leadership structure and staff felt supported by management. The practice valued feedback from staff and patients which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

# Summary of findings

The areas where the provider should make improvement are:

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned.
- Seek wider views from patients in relation to the services provided and respond to it accordingly.
- Maintain records of clinical discussions, decisions, actions assigned and an audit trail for completion.

**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 investigating significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Medicines were managed safely and prescribing behaviours monitored.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



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

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

# Summary of findings

- Patients told us they were consistently treated with kindness and respect, and staff maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, providing extended opening on a Monday evening for patients unable to attend during the working day.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information was easily available to help patients understand the complaints system. All verbal and written concerns were investigated in a timely and appropriate way. 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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice sought feedback from staff and patients, which it acted on.

Good



# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. For example, patients over 75 years were appointed a named GP and carer and next of kin details were recorded with the consent of the patient.
- The practice held multidisciplinary meetings with partner health and social care services. They worked closely with the Care Coordinator to inform and develop individualised care plans.
- The practice invited patients for shingles vaccinations, where appropriate.
- The practice was responsive to the needs of older people, and offered home visits, telephone appointments and urgent appointments for those with enhanced needs.

### People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had below the national average emergency admission rate.
- The practice had better than the national average for the number of patients with diabetes, on the register who had received influenza immunisations, low cholesterol and had received foot examinations. Patients were referred for local diabetic educational programmes to increase their understanding of their conditions and promote self-management.
- 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.

# Summary of findings

## Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations. Pregnant women were invited for flu vaccinations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 86%, which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors who they met with regularly.

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

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

Good



- The needs of the working age population, those recently retired and the practice had adjusted the services. It offered extended hours on a Monday evening and longer appointments where appropriate to ensure the services 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.

## People whose circumstances may make them vulnerable

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

Good



- 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 multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice had was similar to the local/national average for their patients diagnosed with dementia receiving a face to face review within the preceding 12 months.
- The practice worked with community health provision to ensure patients could access specialist provision such as the dementia crisis team and the community geriatrician service.
- The practice coordinated care with the crisis mental health service team. They had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice co-ordinated care with community drugs and alcohol services.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Good





# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in January 2016 showed the practice was performing above local and national averages. 380 survey forms were distributed and 115 were returned. This represented a response rate of 30%.

- 80% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72% and a national average of 73%.
- 86% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 88% of respondents described the overall experience of their GP surgery as good (CCG average 82%, national average 85%).
- 82% of respondents said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 74%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 33 completed comment cards, all but one was positive about the standard of care received. Patients told us they could always get an appointment, the GPs knew about them; they were sensitive to their circumstances and took time to always explain information to them.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. They told us that they felt the staff genuinely cared about them. They said the practice team were polite and would try to help them as best they could.

## Areas for improvement

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

- Ensure the practice maintains cleaning records to demonstrate when, where and how rooms had last been cleaned.
- Seek wider views from patients in relation to the services provided and respond to it accordingly.
- Maintain records of clinical discussions, decisions, actions assigned and an audit trail for completion.

# Dr BB Jas Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Dr BB Jas Practice

Dr BB Jas Practice is also known as Matching Green Surgery. It is located in a residential area of Basildon. The practice has five consulting rooms, onsite car parking and designated patient and parking bays for the disabled. There is also on street parking available.

The practice has approximately 3700 registered patients. The practice has three GP partners (two female and one male) who all provide clinical care. They are supported by a prescribing practice nurse, healthcare assistant, practice manager and administrative team.

The practice is open Monday to Friday from 8am to 6.30pm. However, the practice is open between 8am and 8.30am for patients to phone and book appointments. The surgery doors open at 8.30am.

The receptionists are available from 8am by telephone, and from 8.30am to 6.30pm at the front desk. GP consultations are between 9.20 and 11.50am, and 3.30 and 5.40 pm, Monday to Friday with extended hours on Monday evenings from 6.30pm to 7.50pm. The practice nurse works 9am to 12.40pm on Monday, Tuesday, Thursday and Friday. Afternoon clinics are held Monday and Wednesday from 4pm to 6.10pm.

The practice provides a range of services including, minor surgery, community cancer support care, preventative health checks, screening smoking cessation and alcohol advice, family planning, sexual health, child health surveillance and investigations such as 24hour blood pressure monitoring and spirometry.

The practice does not provide out of hour's services. Patients are advised to call the national 111 service who will advise patients of the service they require. Currently their out of hour's service is provided by IC24 and commissioned by Basildon and Brentwood CCG.

The practice population has higher representation amongst the younger age group, from birth to under 18 years than the national patient averages. Patient life expectancy for both males and females is below the CCG and national averages and deprivation levels for children and older people were above the national averages.

The practice had a comprehensive website detailing opening and appointment times. There is health information including signposting to support and specialist services.

## Why we carried out this inspection

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

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

# Detailed findings

## 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 10 February 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GPs, practice nurse and reception staff) and 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. The practice had recorded five significant incidents within the past 12 months, relating to patient conduct, clinical practice, medicine management and business continuity arrangements. We found the practice had investigated the incidents, identifying immediate actions and learning. They had shared these with the practice team to mitigate risks to patient safety and/or minimise disruption to services.

The practice told us how they managed Medicines and Health Regulatory products Agency (MHRA) alerts and patient safety alerts. These were received by the practice manager and a GP partner. They were then shared with the practice team by email and relevant parties such as a pharmacist were spoken to for advice and guidance. Searches were conducted of the patient records where appropriate to identify patients who may be adversely affected and their clinical needs reviewed. The MHRA is sponsored by the Department of Health and provides a range of information on medicines and healthcare products to promote safe practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies and guidance were displayed in the clinical rooms providing details of whom to contact if staff had concerns about a patient's welfare. A GP partner was the nominated safeguarding lead. Practice staff understood their collective responsibilities towards keeping their patients safe and had undertaken additional cultural awareness training in forced marriage and female genital mutilation. The lead GP oversaw their safeguarding register and attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to an appropriate level.
- A notice in the waiting room and on the consultation room doors advised patients that chaperones were available, if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit had been undertaken in March 2015. We saw evidence that action was taken to address any improvements identified as a result. We reviewed the cleaning schedules these listed the daily, weekly and monthly requirements. However, individual cleaning records were not maintained to demonstrate what, when and how equipment and rooms had last been cleaned. The practice had personal protective equipment and a spillage kit to manage body fluids.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice had carried out medicines audits, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice also told us how they had actively addressed their prescribing of hypnotics to reduce patient dependence on addictive medicines. For example, the practice average daily quantity of hypnotics prescribed per specific therapeutic group age-sex related prescribing units was 0.12 lower than the national average of 0.26.
- Prescription 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed three personnel files, for clinical and non-clinical staff. We found appropriate recruitment checks had been undertaken prior to employment. For

# Are services safe?

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. The practice had an up to date fire risk assessment conducted in November 2015, there were appointed fire marshals and staff undertook fire awareness training and carried out fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment had been checked in March 2015 to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The practice employed two regular locum GPs and administrative staff covered during one another's planned and unplanned absences.

## Arrangements to deal with emergencies and major incidents

The practice had clear arrangements in place to respond to emergencies and major incidents with guidance displayed in all the clinical rooms.

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure of which they had used during recent disruption to their services. 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. They discussed it at practice meetings, amongst their locality group and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and 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 for the year 2014/2015 were 98% of the total number of points available, with 4.7% exception reporting, 2.2% below the CCG average and 4.5% below the national average. (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). The practice told us they tried not to exception report but encourage patients to attend.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was better or similar to the national averages. For example, the percentage of patients on their diabetic register in whom the last blood pressure reading was 140/80mmHg or less. The practice achieved this for 87% of their patients in comparison to the national average of 78%. The practice had better than the national average for the number of patients with diabetes, on the register who had received influenza immunisations, low cholesterol and had received foot examinations.
- The practice achieved above the national average for their management of patients with poor mental health.

For example, 100% of their patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive care plan documented in their records within the last 12 months and had their alcohol consumption recorded.

- The practice had similar percentages of their patients diagnosed with dementia receiving a face to face review within the preceding 12 months. They achieved 82% in comparison with the national average of 84%.
- The percentage of patients with hypertension having regular blood pressure tests was better than the national average achieving 91% in comparison with 84% nationally.

Their accident and emergency admissions for Ambulatory Care Sensitive Conditions were below the national average achieving 13.43 in comparison with the national of 14.6. Ambulatory care sensitive conditions are those which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples include congestive heart failure, diabetes, asthma, angina, epilepsy and hypertension.

Clinical audits demonstrated quality improvement.

- The practice showed us three relevant clinical audits they had conducted. They had participated in the national cancer audit conducted in 2013/2014 and also reviewed all their patients with a diagnosis of cancer over a year. These were reviewed to establish if there was any delay in their referral. Twelve patients notes were reviewed and four were identified where a delay had occurred. None of these appeared to suggest a concern with clinical care from general practice. However, these cases had been reflected upon and learning points identified and shared.
- The practice had also conducted an audit on the prescribing of a medicine to aid weight loss. This audit assessed whether prescribing guidance had been properly followed. In the first audit cycle the standards had not been met but this had significantly improved when the audit was repeated a year later.
- The practice had audited their gynaecological referral. They performed an audit of their referrals as they had recognised a high referral rate. Ten consecutive referrals were reviewed and were discussed between two GP partners to determine whether they met local and



# Are services effective?

## (for example, treatment is effective)

national guidelines. Seven out of the ten referrals were determined as appropriate. The remaining three cases alternative interventions may have been appropriate. Learning was shared with the clinical team.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. Staff received a three month review during their probationary period. If successful, they were offered permanent employment.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations, taking samples for the cervical screening programme, prescribing had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, discussion at practice meetings and attendance at the practice nurse locality group who met three monthly.
- 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 online training, one-to-one meetings, appraisals, 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 procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules, in-house training, the CCG time to learn training sessions and the sub locality clinical group.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- The practice shared relevant information with other services in a timely way. The practice held quarterly palliative care meetings in accordance with the Gold Standard Framework. Quarterly multidisciplinary meetings were also held with partner health and social care services. These were well attended by the local Care Coordinator (responsible for visiting frail patients to perform holistic assessments of patients' health and care needs), McMillan Nurse, Health Visitor, District Nursing Team, hospice team, chronic obstructive pulmonary disease (COPD) and heart failure teams. The practice told us they valued the opportunity to meet and talk with other professionals face to face. They found the meetings invaluable for identifying and addressing gaps in the provision of services and learning about evolving services that may be beneficial to their patients.

### 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. They openly discussed, encouraged and supported patients considering care preferences and advanced directives.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 86%, which was above 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 100% and five year olds from 98% to 100%.

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 33 patient Care Quality Commission comment cards we received, all but one was positive about the service experienced. This related to a communication issue with a patient. Patients said they felt the practice offered a helpful, caring and responsive service. They were treated with dignity and respect and staff always had time for them and oversaw their care.

We spoke with a member of the patient participation group. They also told us they were happy with the care provided by the practice and said the staff knew them and had supported them through difficult times including bereavements. The staff had always shown them dignity and respected their privacy. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey, published January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was similar to or above average for its satisfaction scores on consultations with GPs and nurses. For example:

- 84% respondents said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 85% respondents said the GP gave them enough time (CCG average 84%, national average 87%).
- 97% respondents said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 83% respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 80, national average 85%).
- 90% respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 88% respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 87%).

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

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

Results from the National GP Patient Survey, published in January 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or above local and national averages. For example:

82% respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.

- 77% respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 76%, national average 82%)
- 87% respondents said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%)

Staff told us that translation services were available for patients who did not have English as a first language. They told us they offered and used the service for patients, but there was a low take up of the service.

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

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

The practice was proactive identifying patients with caring responsibilities and had a designated notice board for them within their waiting area. They had an appointed

## Are services caring?

carers champion and the patient's computer system alerted GPs if a patient was also a carer. The practice maintained a list of carers and they were invited for flu vaccinations. 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 by phone and liaised with the

palliative care and McMillan Nurse where appropriate. 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. Patients we spoke to told us how the GPs had sensitively supported them through times of bereavement.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered a late clinic on a Monday evening from 6.30pm to 7.50pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Telephone consultations and follow up appointments were available.
- Home visits were available for older patients and patients who would benefit from these.
- Patients received text reminders for appointments
- Patients could order repeat prescriptions on line and collect them at their elected pharmacy for convenience.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS.
- There was a designated parking bay for the disabled and step free access to the practice. All consultation rooms were on the ground floor and accessible with wheelchairs and mobility aids.
- Patients had access to translation and interpreting services.
- Flu clinics were available for vulnerable groups.
- Patients benefitted from the convenience of the visiting midwife and the practice conducted child and maternal six week baby checks.
- A counsellor attended the practice weekly for talking therapies.
- Breast feeding facilities were available.

### Access to the service

The practice was open Monday to Friday 8am to 6.30pm. The surgery doors opened at 8.30am. The receptionists were available from 8am by telephone, and from 8.30am to 6.30pm at the front desk. GP consultations were held between 9.20am and 11.50am, and 3.30pm and 5.40 pm Monday to Friday with extended working on Monday evenings from 6.30pm to 7.50pm. On a bank holiday Monday the extended hours operate on the

following Tuesday. The practice nurse worked 9am to 12.40pm on Monday, Tuesday, Thursday and Friday. Afternoon clinics were held Monday and Wednesday from 4pm to 6.10pm.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. On the day of our inspection patient appointments were available within a week. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice told us they experienced a high rate of non-attendance by a small number of their patients. Their records showed 82 patients failed to attend appointments during December 2015 out of 1085 (8%). They had written to the patients requesting they notify the practice that they were unable to attend either by calling the surgery or texting them, thereby enabling the appointment to be reallocated.

Results from the National GP Patient Survey, published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable or above the local and national averages.

- 76% of respondents were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 80% of respondents said they could get through easily to the surgery by phone (CCG average 72%, national average 73%).
- 62% of respondents said they always or almost always see or speak to the GP they prefer (CCG average 61%, national average 59%).

The practice had reviewed the practice performance in the National GP Patient Survey published in January 2016. They identified four action points for their consideration; the time management of clinical staff and communication update training for them, longer appointments for more patient population groups, additional protected clinical time and best information advising patients of potential delays to appointments and reasons.

The practice had also conducted an audit on their appointment waiting times from October 2014 to September 2015. The percentage of patients experiencing late appointments each month ranged from 80 to 88%. Whilst the percentages were high the average waiting time

# Are services responsive to people's needs?

(for example, to feedback?)

was between seven and 11 minutes. The practice also identified peak waiting times within the year when there was higher patient demand. The practice team understood the need to keep waiting times as short as possible and not beyond 10 minutes where possible. They would inform and apologise to patients for potential delays.

## **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. For example, it made reference to advocacy services and the patient's right to appeal the outcome of the complaint investigation, if dissatisfied.

- There was a designated responsible person who handled all complaints in the practice.
- We found information was not easily available to help patients understand the complaints system. Although, reference was made to comments or complaints in their practice leaflet and their patient charter.

The practice had recorded 12 complaints both verbal and written, within the last 12 months. We reviewed three and found that all had been acknowledged and investigated in a timely manner. The practice was open about areas for improvement and their achievements. One complaint had been referred to NHS England regarding clinical care and was unsubstantiated finding the practice had acted appropriately to safeguarding patient care. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# 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. Their statement of purpose was displayed in the reception area. They had a supporting patient charter, detailing what patients could expect and what they expect from their patients.

The practice had experienced a growth in patient numbers and wished to become a training practice. They had submitted proposals for an extension and improvements to their premises, such as increasing the size of existing consultation rooms, creating additional consultation rooms, providing a treatments room and additional car parking facilities. The staff were aware of and supportive of the plans.

The practice valued and invested in their staff. They believed in clear communication, open working relationships and staff retention for continuity of patient care. They were reflective regarding the service provided and had a good understanding of the evolving health landscape they operate within.

### 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. The GPs lead on managerial and clinical areas such as; safeguarding, diabetes, respiratory, minor operations, staffing, finance, education and training within the practice, audit and clinical governance.
- Practice specific policies were implemented and were available to all staff on paper and on the computer system.
- A comprehensive understanding of the performance of the practice was maintained with all staff contributing.
- A programme of clinical and internal audit was used to monitor quality and to make improvements such as reviewing clinical performance and the responsiveness of services.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

The partners in the practice had the experience, capacity, commitment and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care and this was supported by comments from staff and patients we spoke with. The partners were visible in the practice and staff told us they were always approachable, taking time to listen and respond to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents. When there were unexpected or unintended safety incidents. The practice gave affected people reasonable support, truthful information and a verbal and written apology was provided to patients.

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

- Staff told us the practice held regular team meetings every six to eight weeks. We reviewed the meeting minutes for August 2015, October 2015 and February 2016. They detailed areas of discussions but had limited evidence of actions or outcomes.
- Clinical staff met daily after surgery to discuss clinical issues and non-urgent referrals were considered by the partners to ensure appropriateness.
- Staff told us there was an open culture within the practice. They had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported and acknowledged as professionals, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example, the practice nurse had introduced a new stock management system, increased the provision of travel vaccinations and improved lighting in the treatment room.

# Are services well-led?

Good 

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

## **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 has been trying to actively recruit and retain members to their Patient Participation Group (PPG) since 2002. They had an appointed PPG Chair who attended meetings with the practice and CCG patient participation locality group. However, they found many patients were happier to approach the practice directly to discuss concerns or experiences than formally join the PPG. This was understood by the practice who had responded to the individual needs of patients.
- The practice valued the feedback from their staff and had gathered this informally and formally through conversations and meetings. The GP partners and practice manager were receptive to feedback and acknowledged and responded to it in a timely, sensitive and positive manner. Staff told us of how they had raised and discussed concerns and they had been supported and resolved in an appropriate way. Staff told us they felt part of the surgery and cared about the practice and patients, not hesitating to give feedback to inform and improve services.