

# Dr John Livingstone

## 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	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Dr John Livingstone	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 Dr John Livingstone - Eltham Park Surgery on 13 January 2016. Overall the practice is rated as good.

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

- There was a transparent and proactive approach to safety and a system was in place for reporting and recording significant events.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care delivered in line with current best practice guidance.
- Staff received ongoing training and development to ensure they had the skills, knowledge and experience to deliver effective care and treatment with the exception of chaperone training for non-clinical staff.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

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

There were also areas of practice where the provider should make improvements:

- The provider should ensure that all staff who might be called upon to act as chaperones have the appropriate training.

# Summary of findings

- The provider should formalise the procedure for sharing learning from incidents, complaints, safety alerts and external meetings by documenting all minutes of meetings where learning is shared .
- The provider should store blank prescription pads in a locked cupboard when not in use and records should be kept of batch numbers of blank electronic prescriptions placed in individual printers.

**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



- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- There was a system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice. However, minutes were not made of meetings where learning was shared.
- Patients received support, truthful information, a verbal and written apology.
- 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.
- While prescriptions were stored securely, records were not maintained of batch numbers of blank prescriptions in printers.

### 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.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of regular appraisals and support and encouragement for personal development for all staff.
- Staff worked with multidisciplinary teams to ensure the needs of patients with complex needs were identified and met.

### 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 equal to or higher than others for most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

# Summary of findings

- Comments from patients about the care and support received from their GP were positive.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice staff reviewed the needs of its local population and engaged with relevant organisations including the Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said that in most cases they were able to make an appointment with a named GP and there was continuity of care. A walk-in service was available every morning including Saturday to provide urgent appointments.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



- 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 values of the practice and their responsibilities in relation to this.
- High standards were promoted and owned by all practice staff and staff worked effectively together across all roles to ensure these standards were met. There was a clear leadership structure and staff felt supported by management. Staff told us that they enjoyed working at the practice.
- The practice had all appropriate policies and procedures in place to govern activity and held weekly clinical governance meetings.
- The provider encouraged a culture of openness and honesty.

# Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG).
- There was a strong focus on continuous learning and improvement at all levels. Staff had received comprehensive induction and regular appraisals.
- Staff development was a high priority with some staff undertaking training to take on additional roles to improve access to services for patients. For example, receptionists had undertaken training as phlebotomists and training to carry out Health Checks.

# 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 had a higher than average number of patients over 65 years.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who required them.
- The nurse practitioners carried out home visits for patients to renew dressings and monitor anticoagulation therapy.
- The practice was the registered practice for a large number of patients in a local residential care home. Although not contracted to provide a GP service to the home the GP carried out a weekly surgery at the home to avoid patients having to travel to the surgery.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were comparable with the national average.

### People with long term conditions

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

Good



- Nursing staff had additional training and lead roles in the management of long term conditions.
- Patients at risk of frequent hospital admission were identified and followed up as a priority.
- Nationally reported data showed that outcomes for patients with diabetes were comparable with the national average.
- Longer appointments and home visits were available when needed.
- Structured annual reviews were undertaken to check that patients' health and care needs were being met.
- The surgery implemented an anticoagulation service in the surgery 20 years ago and shared their experience with local Primary Care Trusts in order to introduce local schemes of which the practice is now part.

### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- Cervical screening rates were comparable with CCG and national average.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby feeding and changing facilities were available if required.

## 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).

- Appointments were available until 8.00 pm one evening per week. The walk-in clinic for urgent appointments was available six mornings per week (including Saturday).
- The needs of the working age population had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, reception staff had undertaken additional training to enable them to carry out Health Checks including on site blood testing in order to complete all testing at one appointment and phlebotomy to avoid patients having to visit hospital pathology services.
- There was a good uptake for both health checks and health screening
- 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. Patients were actively encouraged to participate in screening programmes and the uptake of screening services was above the CCG and national average.

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.
- There were arrangements in place to allow people with no fixed address to register or be seen at the practice.

Good





# Summary of findings

- 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.
- Annual health checks for people with a learning disability were carried out.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

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

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

- The percentage of patients with diagnosed poor mental health who had a comprehensive agreed care plan in the last 12 months was 90.9%. This was comparable to the national average of 88.4%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 71.4%. This was lower than the national average of 84.0%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was up to date information available in the waiting area informing patients about 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 including dementia.

Good



# Summary of findings

## What people who use the service say

The results of the national GP patient survey published on 2 July 2015 showed the practice was performing in line with local and national averages. The response rate for the survey was 37.8% (328 survey forms were distributed and 124 forms were returned).

- 75.7% of patients found it easy to get through to this surgery by phone compared to a CCG average of 73.4% and a national average of 73.3%.
- 89.6% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 80.9% and a national average of 85.2%.
- 84.1% of patients described the overall experience of their GP surgery as good compared to a CCG average of 81.3% and a national average of 84.8%.

- 74.2% of patients said they would recommend their GP surgery to someone new to the local area compared to a CCG average of 73.7% and a national average of 77.5%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards which were all positive about the standard of care received. Patients described the service as excellent and professional. Doctors, nurses and receptionists were described as friendly. Comments regarding the walk-in surgery were positive.

We spoke with eight patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

Results from the monthly Friends and Family survey were also positive.

# Dr John Livingstone

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and an Expert by Experience.

## Background to Dr John Livingstone

Eltham Park Surgery is situated in a converted detached house in a residential area of Eltham, London in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice has 4,700 registered patients with a practice age distribution similar to the national average for age groups under 64 years but is slightly higher than the national average for the over 65 year age group. A quarter of the practice population are over 65 years.

The practice is registered with the CQC as an individual provider and services are provided from one location at Eltham Park Surgery 46 Westmount Road Eltham London SE9 1JE.

Services are delivered under a Primary Medical Services (PMS) contract. The practice is registered with the CQC to provide maternity and midwifery services; surgical procedures; treatment of disease, disorder and injury; family planning and diagnostic and screening procedures.

Services are provided by the lead GP (male) and a salaried GP 0.8 wte (female). There are also two part-time Nurse Practitioners (1.4 wte) and one part time Health Care

Assistant (0.3 wte). There is a Practice Manager and 13 part-time administrative staff some of whom also provide clinical support services such as phlebotomy and Health Checks.

Although the practice is not a training or teaching practice they occasionally mentor medical students through their links with Kings College Hospital.

The surgery is open between 08.00 and 18.30 hours Monday to Friday. With extended hours provided on Tuesday until 20.00 hours; Thursday from 07.00 hours and Saturday 08.00 to 12.00 hours.

Booked appointments are available with the GP or Nurse Practitioner from 08.00 to 18.30 hours Monday, Wednesday and Friday, from 08.00 to 20.00 hours on Tuesday, from 07.00 to 19.00 hours on Thursday and from 08.00 to 09.30 on Saturday. Urgent consultations are available daily through the walk-in clinic which is available Monday to Saturday 09.30 to 11.00 hours.

When the surgery is closed the out of hours GP services are provided by Greenbrook Healthcare which are accessed via NHS 111.

The practice has an informative practice leaflet and website [www.elthamparksurgery.co.uk](http://www.elthamparksurgery.co.uk) which include details of services provided by the surgery and within the local area.

## 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

# Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

## How we carried out this inspection

We carried out an announced comprehensive inspection on 13 January 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including the Lead GP, Registered Manager, Nurse Practitioner, Practice Manager, Receptionists, patients who used the service and representatives from the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework (QOF) data, this relates to the most recent information available to the CQC 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 and complaints which the practice considered could affect how they provided safe and effective care. The lead GP and Practice Manager carried out an analysis of the significant events and recorded action taken and learning to be shared with staff. There was a reporting form available and staff told us they would inform the practice manager of any incidents and complaints and that learning from incidents and complaints was shared with all staff. However, formal notes were not kept of meetings in which these discussions took place.

We reviewed safety records and incident reports. Learning from incidents was shared to make sure action was taken to improve safety in the practice. For example, administrative staff had alerted the Practice Manager that there was a backlog of documents to be scanned onto the patient record system to be reviewed by the GP. The practice took measures to train additional members of staff to carry out the task and revised the staff rota to ensure that in future there was no more than two days delay in documents being scanned onto the patient records system.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw that the practice adhered to the recommended timescales for responding to patient complaints.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation. Local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. The lead GP was the safeguarding lead for the surgery. The practice always provided reports when requested for other agencies.

Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding level 3. There were notices in the the practice leaflet informing patients of the duty of staff and procedure followed regarding safeguarding issues.

- A notice in the waiting room, on the website and in the practice leaflet advised patients that chaperones were available if required. A Chaperone policy and procedure was available for staff to follow but non- clinical staff had not undertaken chaperone training. However, all staff within the practice 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 provider confirmed that until formal training of administrative staff had been undertaken clinical staff only would act as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and well maintained. The Nurse Practitioner was the infection control 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. For example, a requirement of a recent infection control audit was the removal of carpet and soft furnished chairs from the waiting area. The practice had carried this out.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescriptions were stored in locked rooms when rooms were not in use. However, records were not kept of batch numbers of blank electronic prescriptions placed in individual printers and prescription pads were not kept in a locked cupboard when not in use.
- The Nurse practitioner was an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Mentorship and support from the

## Are services safe?

medical staff for this extended role was provided by the GPs. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccinations after specific training when a doctor or nurse were on the premises. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis).

- We reviewed all personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had a comprehensive New Employee and Recruitment Policy which was followed. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service were carried out.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly and annual calibration was carried out as appropriate. 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 (COSHH), infection control and legionella assessments. (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 staffing groups to ensure that enough staff were on duty. All staff participated in a 'buddy' system when booking leave which required staff to arrange their own cover before submitting a request for leave. Staff felt this system worked well.

### Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm under the desk in all rooms which alerted staff to any emergency. This alarm sounded throughout the building with the location of the alert showing on the board in reception. The system was tested regularly.
- All clinical staff received annual basic life support training and administrative staff received training every three years.
- 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 staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and several copies were also kept off the premises in the event that the practice premises was inaccessible.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice did not routinely monitor that these guidelines were followed but they told us that audits and random sample checks of patient records would be audited in future in order to ensure best practice guidance was adhered to.

### 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 (2014/15) showed that the practice achieved 91.5% of the total number of points available, with 7.0% exception reporting which is comparable with both the CCG and 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). This practice was not an outlier for any QOF (or other national) clinical targets. QOF data from 2014/15 showed:

- Performance for diabetes related indicators was 81.4% which was similar to the CCG average of 81.2% but below the national average of 89.1%
- The percentage of patients with hypertension having a blood pressure reading within acceptable limits in the preceding 12 months was 80.9%. This was similar to the national average of 83.6%
- Performance for mental health related indicators was 100% which was better than CCG average of 90.2% and national average of 92.8%

- Performance data for the management of Osteoporosis showed the achievement of 100% of QOF points which was higher than the CCG average of 74.6% and the national average of 81.4%.

Clinical audits demonstrated quality improvement.

- Clinical audits had been completed in the last two years, one of these was a completed audit where the improvements made were implemented and monitored and two audits focused on the monitoring of minor surgery outcomes which will be reaudited following completion of update training by the GP.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result of audit findings included further training for the GP in joint injections and an increase of the morning walk-in surgery to two hours. The surgery plan to carry out a further audit to identify themes in the conditions seen at the walk-in clinic and any improvements in the outcomes for patients following joint injections.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff, for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support



# Are services effective?

## (for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- A range of information such as NHS patient information leaflets and information on support services were available in the waiting area and on the practice website.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were routinely reviewed and updated. For example, the practice was participating in the PEACE (Proactive Elderly Persons Advisory Care) Plan project. The PEACE Plan is initiated by the local hospital and is a document to help health care professionals coordinate services to deliver the best care to patients who are anticipated to be in the last year of life.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or Nurse Practitioner would assess the patient's capacity and record the outcome of the assessment.
- Patients consent for minor surgery was noted in the patient record and written consent in line with best practice was obtained.

### 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 and recently bereaved patients. Advice and signposting to relevant services was available.

The practice uptake rate for the cervical screening programme was 80.9%, which was comparable to the CCG average of 82.0% and the national average of 81.8%. 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 following up non-attenders with test reminders. They also ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and actively followed up patients who had failed to attend.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 62.5% to 69.6% and five year olds from 63.2% to 77.9%.

The flu vaccination rate for patients aged 65 and over was 75.14% and 58.44% for at risk groups. These were comparable to the national average.

Patients had access to appropriate health assessments and checks. These included NHS health checks for people aged 40 – 74 years. The practice had identified two staff members to undertake additional training to carry out these checks including taking blood samples and on-site to



# Are services effective?

(for example, treatment is effective)

avoid the patient having to make two visits to complete the health check. Appropriate follow-up action for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

The practice also had automated equipment available to measure blood pressure, pulse, weight and height. Patients could obtain a token from reception to activate the machine and the printed results were then handed to the

receptionist for entry into the patients records. Abnormal results were followed up by the practice. Patients were able to access this service at anytime when the surgery was open.

The practice was also participating in the Year of Care (YoC) initiative for long-term conditions. The Lead GP and other staff members had undertaken training to provide this service. The YoC is about improving care for people with long-term conditions by providing additional support to people to self manage long-term conditions, such as diabetes.

# 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.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- There were notices at reception to encourage patients to alert receptionists if they wanted to discuss sensitive or confidential issues. We were also informed that if reception staff observed that a patient appeared distressed they would offer them a private room to discuss their needs.

All of the 24 Care Quality Commission patient comment cards we received were positive about the service experienced. Patients stated that they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with a representative from the Patient Participation Group. They told us they were satisfied with the care provided and said that they felt the practice was very responsive to feedback, both positive and negative.

Results from the national GP patient survey published on 2 July 2015 indicated that patients considered they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses was comparable with the CCG and national average. For example:

- 83.9% said the GP was good at listening to them compared to the CCG average of 84.7% and national average of 88.6%.
- 78.2% said the GP gave them enough time compared to the CCG average of 81.2% and national average of 86.6%.
- 95.5% said they had confidence and trust in the last GP they saw compared to the CCG average of 92.6% and national average of 95.2%.

- 79.3% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 79.7% and national average of 85.1%.
- 79.4% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 84.4% and national average of 90.4%.
- 97.1% said they had confidence and trust in the last nurse they saw compared to the CCG average of 92.9% and national average of 97.1%.
- 86.2% said they found the receptionists at the practice helpful compared to the CCG average of 87.8% and national average of 86.8%.

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

We spoke to eight patients who told us that 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.

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:

- 80.9% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 79.8% and national average of 86.0%.
- 70.8% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 75.6% and national average of 81.4%.
- 71% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 78.9% and national average of 84.8%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas and on the practice website informing patients this service was available.

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

## Are services caring?

There were posters and leaflets in the waiting room and reception area which provided information for patients on how to access a number of support groups, organisations and services such as mental health services, young peoples sexual health services and bereavement support.

The practice's computer system alerted GPs if a patient was also a carer. Notices were displayed encouraging patients to inform the practice if they were a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered a bereavement the GP would contact them by telephone. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service. The practice also organised coffee mornings for bereavement support.

# 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 population and engaged with the Clinical Commissioning Group (CCG) to improve services for patients in the area. The lead GP and Nurse Practitioner attended regular CCG meetings.

- Longer appointments were available for patients with a learning disability and for patients who requested additional time to discuss complex issues.
- Home visits were available from the GP for older patients and patients who would benefit from these. The GP would also carry out home visits after the Saturday surgery where necessary. For example, when patients and carers needed additional end of life support.
- The Nurse Practitioner carried out home visits, including those for anticoagulation monitoring and dressing renewal.
- Patients were able to obtain travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available.
- Bereavement support was available directly from the practice or through signposting to external support services which were available on the premises.
- Staff had been trained to carry out venepuncture to ensure a phlebotomy service was available most days on the premises.
- Following the introduction of the electronic paper record system and reduced need for accessible paper records the practice had utilised the resulting space by introducing an additional consultation room which they made available to external services making them more accessible to their patients. For example, Time to Talk services were now available on the premises

### Access to the service

The surgery was open between 08.00 and 19.00 hours Monday to Friday. With extended hours provided on Tuesday until 20.00 hours; Thursday from 07.00 hours and Saturday 08.00 to 12.00 hours.

Appointments were available with the GP or Nurse Practitioner from 08.00 to 18.30 hours Monday, Wednesday and Friday, from 08.00 to 20.00 hours on Tuesday from

07.00 to 19.00 hours on Thursday and from 09.00 to 09.30 hours on Saturday. Urgent appointments were available daily for people that needed them via the walk-in clinic which was available Monday to Saturday 09.30 to 11.00 hours.

Pre-bookable appointments could be booked up to three months in advance. These appointments could be booked by telephone, by email, via the website or in person at reception.

Patients could contact the surgery for advice by telephone or by email. Although there was no formal triage system all requests for advice were responded to on the day.

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

- 83.3% of patients felt that the surgery was open at times that were convenient compared to the CCG average of 69.2% and national average of 73.8%.
- 75.7% patients said they found it easy to get through to the surgery by phone compared to the CCG average of 73.4% and national average of 73.3%.
- 27.0% of patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.9%.
- 89.6% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 80.9% and national average of 85.2%.

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The 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. Complaints and concerns are always taken seriously and improvements in care were made as a result.

We saw that information was available to help patients understand the complaints system. This information was displayed in the waiting area, practice leaflet and practice website. It was easy for people to complain or raise a concern and we observed from responses to complaints that they were treated compassionately and with respect when they did so.

# Are services responsive to people's needs?

(for example, to feedback?)

We looked at four complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner. Openness and transparency was maintained when dealing with the complaints and appropriate action was taken to improve the quality of service provision. For example, a complaint was received regarding a delay in the GP seeking funding for a procedure for a patient. The original complaint was

dealt with by previous management staff and when investigated by the lead GP it was identified that the original response to the complaint had been inadequate. This highlighted the need to ensure that new management staff were fully aware of the required complaints procedure and timescales and a review of current practice processes was carried out.

# 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 a high quality and compassionate service which promoted the best possible outcomes for patients. The staff we spoke to understood and fully supported this vision.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Practice specific policies and procedures were implemented and were available to all staff which ensured that there was:

- A clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice.
- A programme of continuous clinical and internal audits to monitor quality and to make improvements.
- Robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

There was a clear leadership structure in place and staff felt supported by management. Staff informed us they felt a strong sense of loyalty and involvement. Staff said they felt respected, valued and supported by the provider.

Staff we spoke to felt there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did. Staff told us they were involved in discussions about how to develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice and opportunities to support their own personal development.

The provider prioritised safe, high quality and compassionate care and had the experience, capacity and capability to run the practice and ensure high quality care was provided.

The provider was visible in the practice and staff told us that they were approachable and always took the time to

listen to members of staff. Regular team meetings were held and staff told us that they felt they could raise issues of concern and that they were involved in discussions about how to develop the practice.

The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal and written apology. They kept written records of verbal interactions as well as written correspondence.

Staff worked together flexibly and cooperatively, for example staff informed us that they participated in a very successful 'buddy' system when planning and booking their annual leave. They ensured cover was agreed with a colleague before leave was requested. Social functions, funded by the provider were arranged annually. Staff informed us that the entire practice team enjoyed several team outings each year.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every three months. Minutes of the meetings were recorded and were available for all patients to view via the practice website. We spoke to a representative of the PPG who told us that they felt valued by the provider and that they were very responsive to their suggestions for improvements or changes within the surgery. For example, there was now a privacy statement in the reception area offering patients a quiet room if they wished to have a private discussion and the development and implementation of a 'walk-in service' for urgent on the day consultations was also introduced following feedback from the PPG.
- The practice regularly reviewed the monthly report of the Friends and Family survey results to inform improvement plans.

# Are services well-led?

Good 

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

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- New developments and changes within the practice were communicated to patients in the form of a newsletter which was available in the waiting area and on the practice website.

## Continuous improvement

There was a strong 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.