

# Bentley Village Surgery

## 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bentley Village Surgery on 28 July 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows: There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.

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

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- Review recruitment processes and personnel files to check that there is a full employment history for each member of staff.
- Review arrangements for business continuity in the event of an interruption to service provision.
- Review training provision to determine what the practice considers is mandatory and formalise this in a policy.

**Professor Steve Field** CBE FRCP FFPH FRCGP

# Summary of findings

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

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

Good



### Are services caring?

The practice is rated as good for providing caring services.

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

Good



# Summary of findings

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

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was virtual.
- There was a strong focus on continuous learning and improvement at all levels.

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.

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice carried out regular visits to older patients who lived in care homes.
- All older patients had been allocated and informed of their named GP.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice had a dedicated team of a GP and practice nurse to focus on management and care of patients with diabetes.
- Diabetes indicators were similar to clinical commissioning group (CCG) and national averages. For example, a total of 95% of patients had a foot examination in the previous 12 months; compared with the CCG average of 90%; and the national average of 88%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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 relatively high 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, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and 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.

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

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

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

**Good**



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

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

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

**Good**



# Summary of findings

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

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

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

- 84% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- 90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan, this was comparable to national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and those living with dementia.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published January 2016. The results showed the practice was performing in line with local and national averages. A total of 230 survey forms were distributed and 114 were returned. This represented 3% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 92% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients considered staff treated them with respect and the practice was well organised and managed. Positive comments were received about the on-site dispensary. Patients also said that staff were caring and helpful and they did not have any difficulties in getting an appointment.

We spoke with seven patients during the inspection. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The most recent Family and Friends test in June 2016 had eight responses. Four patients were extremely likely to recommend the practice; two patients were not likely to recommend the practice; and one patient was neither likely or unlikely; the other patient did not respond to this question.

# Bentley Village Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, an assistant CQC inspector, and a CQC pharmacist.

## Background to Bentley Village Surgery

Bentley Village Surgery is situated in a rural village of Farnham. The practice is a single storey building with good access for patients with limited mobility. The practice has approximately 3382 patients on its register. The practice also has a dispensary on site. The practice is able to provide dispensing to look services to those patients who lived more than one mile (1.6km) from their nearest pharmacy premises. The dispensary was open from 8:30am to 12:30pm and 4pm to 6.30pm for patients to collect their prescriptions. The practice holds a General Medical Services contract.

The practice is situated in one of the least deprived areas of the country and the majority of patients describe themselves as White British. The practice has higher numbers of female patient aged 85 years and older, when compared with the England average. There are also higher numbers of patient aged 45 to 74 years; and patients aged 5 to 14 years.

There are four GPs, one of whom is male and three who are female; and two practice nurses. The clinical team are supported by a practice manager and a team of reception and administration staff. The dispensary is staffed by a dispensary manager and five staff.

The practice is open between 8am and 6.30pm daily, Monday to Friday. Appointments with GPs and practice nurses are available between these times. When the practice is closed patients are advised to contact the out of hours service via the NHS 111 service.

We inspected the only location at:

Hole Lane

Farnham

Hampshire

GU10 5LP

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 28 July 2016.

During our visit we:

# Detailed findings

- Spoke with two GPs, three dispensary staff, one practice nurse, the practice manager and five reception/administration staff members 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 living with dementia).

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a patient experienced a delayed diagnosis and complained to the practice. This was acknowledged as a complaint and a significant event. Learning for this included referring patients again to secondary care for further tests or investigation when they have persistent symptoms

Staff recorded safety incidents relating to the dispensary and the action taken to resolve them. However staff did not record any action taken to prevent mistakes being repeated. Staff told us they discussed incidents, so they were all able to learn from them.

The dispensary staff received medicines safety alerts and checked whether these were relevant to their service. We saw records of these alerts. If action was necessary to protect patients, staff recorded this.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. The practice met monthly with health visitors to discuss children who were vulnerable.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and

## Are services safe?

there were systems in place to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.

- The practice was able to provide dispensing to look services to those patients who lived more than one mile (1.6km) from their nearest pharmacy premises. The dispensary was open from 8:30am to 12:30pm and 4pm to 6.30pm for patients to collect their prescriptions.
- There was a named GP responsible for the dispensary. The practice was signed up to the Dispensing Services Quality Scheme to maintain a high quality service to patients using the dispensary. All members of staff involved in dispensing medicines had received appropriate training and said they had opportunities for continuing learning and development. A second member of staff checked all dispensed items to reduce the risk of errors.
- Dispensary staff showed us standard procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). We saw that staff were in the process of updating these to ensure they covered all areas of practice.
- Dispensary medicines were stored securely and unauthorised patients could not access them. Medicines were stored at the required temperatures. Staff monitored the temperatures of the medicines refrigerators and the dispensary room temperature to make sure medicines were safe to use.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. Staff told us they were in the process of reviewing and improving the arrangements for further info for storing and recording controlled drugs. There were also arrangements in place for the destruction of controlled drugs.
- Appropriate systems were in place for the safe dispensing of medicines. Prescriptions were printed in the dispensary. The GPs checked and signed the repeat prescriptions before staff dispensed them. Acute prescriptions, generated by the GP, were signed by the end of the day. Patients were able to collect their prescriptions directly from the dispensary.

- We reviewed four personnel files and found appropriate recruitment checks had usually been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS. We found that one file did not have a complete employment history of the staff member.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

## Are services safe?

- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had protocols in place for major incidents such as power failure or building damage but this had not been formalised into one document to enable all staff to be aware of what processes were in place should there be an interruption to the service.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 90% of the total number of points available. QOF exception reporting for clinical domains was 8%; which is less than the clinical commissioning group (CCG) average of 11%; and the national average of 9%. QOF exception reporting for public health domains was 2%, which compared with the CCG and national averages of 6%. Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

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

- Performance for diabetes related indicators was similar to CCG and the national average. For example, 76% of patients who had average blood sugar levels within acceptable limits compared with the CCG average of 78% and the national average of 78%.
- Performance for mental health related indicators was similar to the CCG and national averages. For example,

90% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive agreed care plan, compared with the CCG average of 94% and the national average of 88%.

- We noted that the percentage of patients with diabetes who had had a blood pressure reading within acceptable limits in the past 12 months was 55%; this was below the CCG average of 75% and the National average of 78%. We discussed this with the lead GP. They explained that there had been staffing issues which had led clinical activity not being correctly coded. They showed us unverified figures for 2015/16, which showed there had been an improvement in this area.
- There was evidence of quality improvement including clinical audit.
- We looked at a sample of clinical audits completed in the last two years; one of these was a completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking and accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction in prescribing antibiotics which can cause unwanted side effect in patients, who could be treated with alternatives.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could



# Are services effective?

## (for example, treatment is effective)

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

- The practice manager was in the process of undertaking a training needs analysis for staff to ensure training was planned effectively to meet their needs.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice did not have a formal policy in place which stated what training staff would need to undertake on a mandatory basis. The practice manager was made aware of this and said a policy would be implemented.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

### Consent to care and treatment

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

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

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice offered well women and well men clinics.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG. For example, childhood immunisation



## Are services effective?

(for example, treatment is effective)

rates for the vaccines given to under two year olds ranged from 66% to 100%; compared with the CCG figures of 48% to 98%; and five year olds from 91% to 100%, which was compared with the CCG figures of 91% to 98%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients, they also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 77% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%. The practice manager was reviewing this aspect of the patient survey to determine whether there were improvements that could be made, as this figure did not align with patient views the practice had received.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of % and the national average of 87%.

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

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

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language.
- Information leaflets were available in easy read format.

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

## Are services caring?

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 37 patients as carers (1% of the practice list). The practice said there was a

local community centre which provided support for carers in the area and they directed carers to this centre. Written information was also available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- There were longer appointments available for patients with a learning disability and those patients who needed them.
- GPs regularly visited older patients who lived in care homes.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had recently completed a two year building programme to improve access for patients with limited mobility. This included automatic entrance doors and a ramp to the main door for wheelchair users.
- Patients were able to use a variety of methods to request repeat prescriptions. This included in person, when they collected their current prescription, or using on-line services.
- There were no formal arrangements in place for delivery of dispensed medicines to patient's homes, if they were unable to collect them themselves. Staff told us that two communities had made their own informal arrangements to help some patients collect their medicines.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available between these times daily with GPs and practice nurses. The practice had trialled extended hours appointments but the uptake for

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

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

- 81% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

We looked at five complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way and with openness and transparency. We noted from complaint responses the practice apologised without reservation if they had made an error. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a

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

concern had been received about a GPs manner when they had undertaken a home visit. The practice immediately apologised when they were aware of the issue and spoke with the GP concerned and reviewed arrangements for home visits.

# 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice prided itself on being family orientated and had looked after generations of families in the area and feedback we received from patients showed this was important to them.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- There was some succession planning in place, but at the time of inspection this was reliant on recruiting more GPs.
- Staff we spoke with suggested developing existing staff skills, such as training reception staff to take blood; and recruiting allied health professionals such as paramedics or advanced nurse practitioners.

### 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 staffing structure and that staff were aware of their own roles and responsibilities. We found that the lead nurse did not have sufficient time to carry out all of their roles as effectively as they wanted. They were responsible for areas which included: recalls of patients with long term conditions; equipment checks; stock ordering and phlebotomy. We also found that sickness and annual leave for practice nurses was not effectively covered.
- We discussed this with the lead GP and practice manager. They explained that there had been prolonged staff absences due to illness in the past six months, but the practice was now in a position to review all roles and responsibilities within the practice.

- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology'
- The practice kept written records of verbal interactions as well as written correspondence.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were

# Are services well-led?

Good 

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

involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice was in the process of establishing an active patient participation group.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss

any concerns or issues with colleagues and management. For example, the reception manager who had recently been promoted was working with the practice manager on developing the reception and administration staff and defining their roles to ensure effective working. Staff told us they felt involved and engaged to improve how the practice was run.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was part of the North Hampshire Alliance of GP practices who worked together to share best practice and develop service provision in the area.