

# Dove River Practice

## Quality Report

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

### Ratings

#### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dove River Practice on 12 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report significant events. Information about safety alerts was reviewed and communicated to staff by the practice manager in a timely fashion.
- Risks to patients were assessed and well managed through practice meetings and collaborative discussions with the multi-disciplinary team.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. This was kept under review by the practice which used audit as a way of ensuring that patients received safe and effective care
- All members of the practice team had received an annual appraisal and had undertaken training appropriate to their roles, with any further training needs identified and supported by the practice.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet people's needs. For example; the practice met monthly with the community health to discuss and plan care for patients
- Results from a national survey and patients we spoke with told us doctors and nurses at the practice treated them 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 in the reception area and patients told us that they knew how to complain if they needed to.
- Urgent appointments were available on the day they were requested. However, patients said that they sometimes had to wait a long time to see their preferred GP
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- There was a clear leadership structure and staff told us they felt supported by management. The practice proactively sought feedback from patients, which it acted on. Staff appeared motivated to deliver high standards of care and there was evidence of team working throughout the practice

**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.

Staff were aware of the systems in place and encouraged to identify and report any areas of concern.

Staff meetings and protected learning time were used to learn from significant events and lessons learned were recorded and communicated widely by an electronic messaging system to support improvement.

Information about safety was recorded, monitored, appropriately reviewed and addressed.

Risks to patients were assessed and well managed. Infection prevention and control procedures were completed to a satisfactory standard. There were enough staff to keep people safe.

Good



### Are services effective?

The practice is rated as good for providing effective services.

Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) and other locally agreed guidelines, and clinicians used these as part of their work.

Audits were undertaken over two cycles and improvements were made as a result to enhance patient care. For example, an audit was completed to review the effectiveness of information being provided to patients who had received a contraceptive device or implant. Results showed that after providing improved information for patients, there was a higher acceptance rate.

Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff.

Staff worked closely with multidisciplinary teams to plan, monitor and deliver appropriate care for patients. The teams included midwives, health visitors, community matron, district nurses and the mental health team

Good



### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

Data showed that patients rated the practice higher than others for several aspects of care. For example; 90% of patients said their GP gave them enough time and 99% of patients said they had trust and confidence in their GP.

Patients told us they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. For example; 89% of patients said that their GP involved them enough in decisions about their care and 90% of patients said that their GP treated them with enough care and concern.

Information for patients about the services available was easy to understand and accessible.

We also saw staff treated patients with kindness and respect, ensuring that confidentiality was maintained.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

They were aware of the practice population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. It acted on suggestions for improvements and changed the way it delivered services in response to feedback from the patient participation group (PPG). For example by providing a triage system to prioritise urgent appointments.

Patients told us they were satisfied with the appointment system and said they found it easy to make a routine appointment but they sometimes need to wait for a long time to see their preferred GP. Urgent appointments were available the same day. Routine appointments were offered from 8.30am until 11am and 3pm until 6pm every day, and extended appointments until 8.00 pm on Wednesdays. Telephone consultations and home visits were available by appointment and where required.

The practice had good facilities and was well equipped to treat patients and meet their needs. The premises were suitable for patients who were disabled or with impairments.

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.

Good



## Are services well-led?

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

There was a clear vision and strategy which was shared with staff who were clear about their responsibilities in relation to this. There

Good



# Summary of findings

was a clear leadership structure and staff felt supported by management. High standards were promoted and owned by all practice staff and teams worked together across all roles. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and had influenced change within the practice through regular collaborative meetings with the practice management team.

Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities. There was a high level of constructive engagement with staff and a high level of staff satisfaction.

Learning and development was encouraged and supported by the partners and management team and dedicated time was assigned for clinical staff to attend development opportunities

# 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.

Nationally reported data showed outcomes for patients were good for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of services to meet their needs, for example, annual health checks for people aged over 75 years, dementia screening, joint injections, flu vaccinations, palliative care, induction hearing loop. It was responsive to the needs of older people and offered extended consultation times, and home visits for those with enhanced needs.

The practice provided regular 'ward rounds' at local nursing homes, utilising a multidisciplinary team including a dietician, pharmacist and community psychiatric nurse.

They liaised regularly with the community geriatrician, who advised on complex patients and was available as a telephone resource.

The dispensary provided pre-prepared medicines in blister packs for those who needed help with remembering which medicines to take, and there was a delivery service for those who required it.

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. Longer appointments and home visits were available. Regular blood tests were offered where required and spirometry diagnostics and monitoring was offered.

Nationally reported data showed outcomes for patients with a long term condition were comparable with the national average. For example; 96% of patients with diabetes had a foot examination within the last 12 months compared with the national average which was 83%, and 95% of patients with diabetes had received an influenza immunisation within the last 12 months compared to the national average which was 94%.

Patients with long term conditions had a named GP and named nurse and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, relevant health and care professionals were involved to deliver a multidisciplinary package of care

Good



# Summary of findings

The practice provided an anti-coagulant service for some of their patients on Warfarin therapy using INR Star process. This meant that patients received an immediate result and their medicine was adjusted on-the-spot in order to ensure that the level of medicine in the blood was in the therapeutic range.

## **Families, children and young people**

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

Immunisation rates were higher than local and national average for all standard childhood immunisations. These were around 98% for five year olds compared with a CCG average of around 93%.

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. Appointments were available outside of school hours and the premises were suitable for children and babies with provision of books and toys. We saw good examples of joint working with midwives and health visitors who were located at a nearby practice

The surgery offered contraceptive and family planning advice, with same day appointments for emergency contraception.

Receptionists knew to arrange a same day assessment for children when parents were concerned about their health.

The practice referred children to organisations specialising in child counselling where this was required for older teenagers and adults, this was available at the practice with the in-house counsellor.

Good



## **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. For example; extended hours were offered on Wednesday evenings and telephone consultations were available by appointment.

Repeat prescriptions could be ordered using the online ordering service and, on request, prescriptions could be sent to local pharmacists for collection directly from the pharmacy saving a visit during working hours to the surgery.

Good





# Summary of findings

The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group including NHS checks, which were advertised in the practice and on the website. They had completed 161 health checks

## **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 and had invited these patients to an annual health check during January 2016.

There was a GP lead for patients with learning disabilities who worked with patient's carer or case worker to assess the level of support required and to review the care plan with the patient to ensure ongoing personalised care.

The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Staff knew how to recognise signs of abuse and neglect and 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.

Good



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

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

They regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. This included the community mental health and crisis teams and the local MIND services.

The practice employed their own counsellor and liaised regularly with them as well as enabling them to update the patient records directly with outcomes and concerns.

The practice had developed their own tailored review proformas to ensure a holistic approach to mental health and dementia annual reviews and encouraged patients they held on their register to attend annually for a face to face review. If patients did not attend their appointment, the practice wrote to them to re-book their appointment up to three times.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015. The results showed the practice was performing above or in line with local and national averages. 245 survey forms were distributed and 108 were returned. This represented a 44% response rate

- 77% found it easy to get through to this surgery by phone compared to a national average of 73%.
- 79% were able to get an appointment to see or speak to someone the last time they tried compared to a national average of 76%.
- 92% described the overall experience of their GP surgery as fairly good or very good compared to a national average of 85%.
- 91% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a 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 46 comment cards which were almost all positive about the standard of care received. Patients told us that were very satisfied with the care they received and that they felt listened to and involved in their care. However, some said that they often waited a long time to see their preferred GP, and some said that they waited a long time to get through to the practice by telephone during the mornings to make an appointment.

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

# Dove River Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

### Background to Dove River Practice

Dove Medical Practice is located in the village of Sudbury which is on the border between Staffordshire and Derbyshire.

The practice provides primary medical services to 8,420 patients under a General Medical Services (GMS) contract. The level of deprivation affecting the practice population is below the national average. Income deprivation affecting children and older people is also below the national average.

There are facilities for disabled patients, baby changing facilities and there is car parking.

The clinical team comprises six GP partners, three male and three female, a senior nurse practitioner, practice nurses and health care assistants who work across both sites. The clinical team is supported by a full time practice manager, and a range of reception and administrative staff.

There is a dispensary service with a dispensary manager and dispensing staff and are able to supply medicines to all patients who live more than one mile from their nearest pharmacy. There is also a medicines delivery service available.

The practice opens from 8am to 11.30am Monday to Friday and 3pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice closes each Thursday afternoon from 11.30 and is closed on Saturday and Sunday. Consultation times are from 8.30am to 11am and 3pm to 6pm each day except for Thursday afternoon. Extended hours surgeries are offered on Wednesday evenings from 6.30pm to 8pm.

The practice has opted out of providing out-of-hours services to its patients. This service is provided by Staffordshire Doctors Urgent Care which is based in Burton on Trent.

### Why we carried out this inspection

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

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

### 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 12 January 2016.

During our visit we:

# Detailed findings

- Spoke with a range of staff (GP partners, practice manager, infection control lead, nursing team, receptionists and administration staff) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Spoke with the Patient participation Group (PPG)

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

The practice had systems and processes in place to enable staff to report and record incidents and significant events effectively.

- Staff told us they would inform the practice manager of any incidents. In addition there was a recording template available on the practice's computer system and staff knew where to find this.
- The practice carried out a thorough analysis of the significant events which were discussed at weekly practice meetings and a review was carried out on an annual basis.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared with relevant staff to make sure action was taken to improve safety in the practice. For example, when a sample was lost in transit, the practice introduced a recording system to log the collection of samples more effectively.

The practice had processes in place to review and share any medicines alerts and national patient safety alerts received. These were received by the practice manager and shared with other members of the staff team as required. Copies of alerts were kept on file and staff told us about actions they had taken to address safety alerts they had received.

Records showed that where there were unintended or unexpected safety incidents, patients were offered support, information about what had happened and apologies where appropriate.

### Overview of safety systems and processes

We saw the practice had robust systems, processes and practices in place to keep patients safe and safeguarded from abuse. These included arrangements to safeguard children and vulnerable adults from abuse which were in line with local requirements and national legislation. There was a lead GP responsible for safeguarding within the practice and staff were aware of who this was.

The practice had policies and procedures in place to support staff to fulfil their roles and staff knew who to contact for further guidance if they had concerns about

patient welfare. Staff had received training relevant to their role and GPs were trained to Level 3. Staff we spoke with were able to give examples of action they had taken in response to concerns they had regarding patient welfare.

Information was displayed in the waiting area which advised patients that chaperones were available if required. The nurses acted as chaperones, were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice had arrangements in place to ensure appropriate standards of cleanliness and hygiene were maintained. They had recently appointed a practice nurse as an infection prevention and control (IPC) lead. The new IPC lead had reviewed previous audits with a manager and had planned to implement additional audits and supplementary training for new staff. We saw that current staff had completed mandatory infection control training. Regular infection control audits were undertaken, the most recent audit being in June 2015. Changes had been implemented, for example; couch rolls had been mounted onto walls so that they were clear of the floor, and carpets in the consulting rooms had been replaced with washable floor covering so that treatments could be carried out if required.

Arrangements for managing medicines ensured that patients were kept safe. For example, there was a dispensary manager who worked closely with the GP's to monitor adherence to protocols relating to prescribing and dispensing. There was a temperature monitoring system in the medicines fridges to ensure that vaccinations were stored at the correct temperature, and emergency drugs were in date, fit for use and regularly checked.

Regular prescribing comparisons were undertaken with the support of the CCG Medicines Management Team (MMT) to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice had historically been an outlier for prescribing two specific anti-inflammatory medicines as a percentage of all Non-Steroidal Anti-inflammatory Drugs (NSAIDs). However, the practice explained that they were now prescribing these medicines

## Are services safe?

for short periods only and they also made a prescription note within the patient's records. They explained the additional risks of continuing other NSAIDs to ensure informed decision-making by their patients.

Prescription pads were stored securely and processes were in place to monitor their use. Patient Group Directions (PGDs) were being used by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice had procedures in place to monitor and manage risks to patient and staff safety. There was a health and safety policy available which was accessible to all staff electronically and within a folder in the practice manager's office.
- The practice had commissioned an external provider to undertake a fire risk assessment and carried out an annual fire drill which included a full evacuation procedure.
- 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 legionella (Legionella is a bacterium which can contaminate water systems in buildings).
- Arrangements were in place to plan and monitor staffing levels needed to meet patients' needs. There was a rota system in place for all of the different staffing groups to ensure that enough staff were on duty. Each staffing groups had agreements about the number of staff who could be on leave at the same time to ensure service provision was not adversely affected.

### Arrangements to deal with emergencies and major incidents

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

- There was an alarm button in all the consultation and treatment rooms which alerted staff to any emergency.
- Basic life support training was delivered annually and there were emergency equipment available in the treatment room which we found to be in date and fit for use at both locations.
- Both sites had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked at each site were in date and fit for use.
- The practice had a comprehensive business continuity plan in place which had been updated in October 2015. This covered major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice routinely used National Institute for Health and Care Excellence (NICE) best practice guidance and other national and locally agreed guidelines and protocols as part of their consultations with patients. They monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records. The practice had systems in place to ensure all clinical staff were kept up to date. The practice employed an IT Manager who worked to maximise the functionality of the practice's computer system. This made the practice more efficient in terms of using standardised templates, undertaking clinical searches, operating patient recall systems, and providing performance data.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF), a system intended to improve the quality of general practice and reward good practice. The latest published results for 2014-15 were 99% of the total number of points available, with low exception reporting rate of 6% (compared to a CCG figure of 11%). The exception reporting figure is the number of patients excluded from the overall calculation due to factors such as non-engagement when recalled by the practice for reviews. A lower figure demonstrates a proactive approach by the practice to engage their patients with regular monitoring to manage their conditions. This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-15 showed;

- Performance for diabetes related indicators at 99% was better compared to the CCG average of 91% and the national average of 89%. The exception reporting rate for most of the indicators ranged from 1% to 12%. However, the exception reporting rate for referring newly diagnosed patients to a structured education programme at 23% was higher, but still 6% better than the CCG average and 3% better than the national average

- The percentage of patients with mental health related indicators was 100% compared against a CCG average of 94% and a national average of 93%. The practice also had an exception rate of 2.9% for this indicator which was lower than average.
- Performance indicators for asthma had an achievement figure of 100% which was the same as the CCG average and 3 % higher than the national average. The practice had an exception rate of 2.3% for this indicator.
- Performed the management of chronic obstructive pulmonary disease was 94%. This was 3 % below the CCG average and 2% below the national average.

Clinical audits demonstrated quality improvement. There had been four clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. For example;

- an audit was made over three cycles on patients being treated with anti-coagulant therapy. The practice worked with a local haematology consultant regarding protocols for adjusting the dosages used in certain circumstances. Results showed a 22% improvement in patients having an optimum or stable blood clotting time

### 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. We looked at the records for recently recruited staff and found that an induction checklist had been completed.
- There was an active appraisal system in operation at the practice, and all staff had received their appraisal in the preceding 12 months. Staff were supported to undertake training to meet personal learning needs to develop their roles and enhance the scope of their work. for example, for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.



# Are services effective?

(for example, treatment is effective)

- All staff had received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

## Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and the computer system. This included care plans, medical records and test results. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis incorporating reviews of patients at risk of hospital admission, end of life patients, and those who had complex needs. These meetings included community health team representatives, district nurse, health visitor and the community mental health team where required. Care plans were routinely reviewed and updated.

## Consent to care and treatment

Staff understood and sought patients' consent to care and treatment in line with 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, and where a patient's mental capacity was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.

Staff recorded consent to treatment and procedures in the patient's record. We saw that written consent had been obtained for surgical procedures and verbal consent was obtained for treatment room procedures carried out by nurses

## 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 or smoking cessation. Patients were then signposted to the relevant service.

The practice were able to provide some services at both sites, for example, dietary advice, physiotherapy services and counselling services. Smoking cessation advice was available from a local support group.

The practice's uptake for the cervical screening programme was 85%, which was higher than the CCG average of 83% and the national average of 82%. There was a policy to send written reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring that a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening by making this information visible in the waiting area.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 100% and five year olds from 94% to 99%.

Flu vaccination rates for the over 65s were 75%, and at risk groups 62%. These were better than the national averages which were 52%

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



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

During the inspection we saw staff treated patients with dignity and respect and behaved in a kind and caring manner. Staff were helpful to patients on the telephone and to those attending the practice.

Measures were in place to ensure that patients felt at ease within the practice:

- 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 were able to offer patients a private room to discuss their needs if they appeared distressed or needed to discuss a sensitive matter.

Almost all of the 46 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. This was supported by the seven patients we spoke with, who told us that they were very satisfied with the care they received.

We spoke with two members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They told us that they held quarterly meetings for the group which was attended by a GP partner and the practice manager. They felt supported by the practice and regularly coordinated patient surveys.

Results from the national GP patient survey published on 2 July 2015 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 CCG average of 81% and national average of 89%.
- 90% of patients said the GP gave them enough time (CCG average 88%, national average 87%).

- 99% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 90% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 94% of patients said they found the receptionists at the practice helpful (CCG average 87%, national average 87%)

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

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

Results from the national GP patient survey 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:

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 90% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 81%)
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 90%, national average 85%)

Staff told us translation services were available for patients who did not have English as a first language, however, this had not been necessary as the practice population all spoke English well.

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

## Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example; Cruse for bereavement support, Alzheimers society and cancer care self-help group.

The practice's computer system alerted GPs if a patient was also a carer. The practice did not hold a central register of carers, however they told us that were aware of which

patients were also carers and remembered to ask about their welfare when they visited the practice. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had experienced bereavement, their usual GP contacted them or visited them at home.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours clinics on Wednesday evenings until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex needs were encouraged to book a double appointment.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those who had an urgent need.
- Patients could make appointments by telephone, at reception and online.
- The practice told us that there were sufficient appointments available that enabled patients to obtain a routine appointment within three working days.
- Appointment cards were provided and patients were reminded about their appointment via text message.
- The practice provided a travel vaccinations clinic where vaccines were available on the NHS as well as privately.
- There were disabled facilities, a hearing loop and translation services available if required.
- A transport service was available to bring patients to their appointment where necessary. This could be booked directly at the practice.
- Patients who have a learning disability received an annual health review and these were scheduled for January 2016.
- Health checks were provided for all newly registered patients and annual health checks were offered to vulnerable patients and those with complex needs, for example, those at the end of their life and those with a mental health condition.
- Patients with a chronic illness, for example heart disease and lung disease were offered an annual health check and those with diabetes were reviewed more regularly as required.

### Access to the service

The practice was open from 8am to 11.30am Monday to Friday and 3pm to 6pm on Monday, Tuesday, Wednesday and Friday. The practice was closed each Thursday afternoon from 11.30 and on Saturday and Sunday. Consultation times were from 8.30am to 11am and 3pm to 6pm each day except for Thursday afternoon. Extended hours surgeries were offered on Wednesday evenings from 6.30pm to 8pm.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was better than local and national averages in most areas, including the following;

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 77% of patients said they could get through easily to the surgery by phone (CCG average 73%, national average 73%).
- 72% of patients said they always or almost always see or speak to the GP they prefer (CCG average 62%, national average 59%).

People told us on the day of the inspection they were able to get appointments when they needed them, but that they often had to wait longer to see their preferred GP. They were satisfied an appointment was available on the same day with an alternative GP if they had an urgent need.

They also told us they often had to wait in reception for more than 30 minutes after their appointment time for some GP's but were happy to wait because they felt the care and attention they received during their consultation was excellent.

### Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns were in line with recognised guidance and contractual obligations for GPs in England. Information on how to complain was made available to patients in the waiting area and on the website. Leaflets were available explaining the options and signposted patients to advocacy services and to NHS England. There was a designated responsible person who handled the complaints in the practice.

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

Patients we spoke with were generally aware of the process to follow if they wished to make a complaint, and told us that they would feel confident to report any concerns should this arise.

The practice had received six written complaints in the previous 12 months. We looked at a selection of the written complaints received in the year and found that these had

been fully investigated and responded to within an appropriate timescale. Apologies were provided and learning points were recorded and shared with staff on the practice's messaging system.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after a patient attended the surgery on an afternoon when it was closed, the practice amended their closure information to make it more visible for patients.

# 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 and purpose to deliver high quality care in a friendly, caring and professional manner. We saw that all staff took an active role in ensuring provision of a high level of service on a daily basis and we observed staff behaving in a kind, considerate and professional manner. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff via the practice's computer system. These were updated and reviewed regularly.
- Practice meetings were held that provided an opportunity for staff to learn about the performance of the practice
- A programme of clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks.
- There was a meeting structure in place that allowed for lessons to be learned and shared following significant events and complaints. Staff groups were invited to specific meetings where the partners thought that it was relevant, and this included community team and attached staff.

### Leadership and culture

The GP partners had the experience, capacity and capability to run the practice to ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

We were shown a clear leadership structure that had named members of staff in lead roles. For example, there was a nurse practitioner for the infection prevention and control lead, a GP partner for the safeguarding lead, a practice manager for the complaints lead. Clinical staff also had lead roles according to their clinical expertise; for example practice nurses were responsible for an aspect of managing long term conditions such as heart disease, lung disease and asthma, and there were lead GPs for a number of clinical areas for example; clinical governance, anti-coagulant therapy, family planning, safeguarding, clinical commissioning Group (CCG) liaison, elderly care, sexual health and dispensing.

We saw from meeting minutes that regular team meetings were held. Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and were confident in doing so and felt supported if they did. We also noted that the whole clinical team were given time to attend a development session each month. Staff said they felt respected, valued and supported, particularly by the partners in the practice.

Staff told us that they felt the leadership within the practice was fair, consistent and generated an atmosphere of team working.

### 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 quarterly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice implemented a telephone triage system to prioritise urgent appointments following recommendation from the PPG.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt able to approach any of the GP partners and manager to give feedback and discuss any concerns or issues.