

The Derry Downs Surgery

Quality Report

29 Derry Downs
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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 The Derry Downs Surgery on 5 April 2017. 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 a system in place for reporting and recording significant events.
- The practice had clearly defined and embedded systems to minimise risks to patient safety.
- Staff were aware of current evidence based guidance.
- Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect and that they were involved in their care and decisions about their treatment. However, satisfaction rates regarding telephone access; waiting times during appointments and some

aspects of consultations with the practice nurse were lower than the local and national average. The practice were aware of this and had taken action to address this.

- Information about services and how to complain was available. Improvements were made to the quality of care as a result of complaints, concerns and suggestions.
- Patients we spoke with said they did not always find it easy to contact the surgery by telephone but were able to make an appointment with a named GP when required 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 practice organised monthly Healthy Walks for patients. These were open to all patients and were attended by the lead GP and Practice Manager.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvements are:

- The provider should continue to monitor and work towards improving patient satisfaction regarding telephone access; waiting times during appointments and some aspects of consultations with the practice nurse.

Professor Steve Field CBE FRCP FFPH FRCGP
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events and lessons were shared to make sure action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, 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 to minimise risks to patient safety.
- Staff demonstrated that they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed that patient outcomes for all indicators were comparable to the local and national averages.
- The overall clinical Exception Reporting rate was comparable to the local and national average.
- The practice had implemented a comprehensive recall procedure for patients with long term conditions.
- Staff were aware of current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills and knowledge 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.
- End of life care was coordinated with other relevant services.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice comparable to others for most aspects of care.

Summary of findings

- Survey information we reviewed showed that patients felt they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. However, satisfaction rates regarding some aspects of consultations with the practice nurse were lower than the local and national average.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice understood its population profile and had used this information to meet the needs of its patients.
- The practice took account of the needs and preferences of patients with life-limiting conditions.
- Patients we spoke with said they were usually able to make an appointment with a named GP when they required one and there was continuity of care, with urgent appointments available the same day. However, they told us it was sometimes difficult to get through to the surgery by telephone.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice organised monthly Healthy Walks for patients. These were open to all patients and were attended by the lead GP and Practice Manager.
- Information about how to complain was available and evidence from examples reviewed showed the practice responded quickly to issues raised. Learning from complaints was shared with staff at meetings and by email.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity and held regular governance meetings.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Summary of findings

- Staff had received inductions, annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In the examples we reviewed we saw evidence that the practice complied with these requirements.
- The provider encouraged a culture of openness and honesty. The practice had systems for facilitating awareness of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice actively engaged with the patient participation group.
- There was a focus on continuous learning and improvement at all levels. Staff were supported and encouraged to attend training and develop their role.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- Staff were able to recognise the signs of abuse in patients and knew how to escalate any concerns.
- The practice offered 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. A bypass number was issued to certain patients with enhanced need to avoid delays when they had to contact the surgery via the main reception number.
- The practice identified patients who may need palliative care as they were approaching the end of life. It involved patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated.
- Where older patients had complex needs, the practice shared summary care records with local care services.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible.

People with long term conditions

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

Good



- Nursing and GP staff had lead roles in long-term disease management.
- Patients at risk of hospital admission were identified as a priority and the practice followed up patients with long-term conditions discharged from hospital.
- The practice Quality and Outcomes Framework (QOF) performance rates for all long-term conditions were comparable to local and national averages.
- All patients had a named GP and there was a system to recall patients for a structured annual review to check their health and medicines needs were being met. The practice had implemented a comprehensive recall procedure to ensure those patients with co-morbidities received one review covering all conditions.

Summary of findings

- 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.

Families, children and young people

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

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of accident and emergency (A&E) attendances.
- Immunisation rates for all standard childhood immunisations were comparable to national averages.
- Children and young people appeared to be treated in an age-appropriate way.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors through the provision of ante-natal and post-natal care and child health services.
- The practice had processes and prioritisation protocols for children and young people and for acute pregnancy complications.

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 this population group 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 opening hours appointments on two evenings a week.
- The practice was proactive in offering online services.
- A full range of health promotion and screening services were provided that reflected the needs for this age group.
- The surgery monthly Healthy Walk took place at weekends to ensure all groups of patients were able to attend.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including homeless people and those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability and those who required them.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff we interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

People experiencing poor mental health (including people with dementia)

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

- The practice carried out advance care planning for patients living with dementia.
- 71% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months. This was lower than the local average of 81% and national average of 84%.
- The practice reviewed the physical health needs of patients with poor mental health and dementia.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 95% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months. This was comparable to the local average of 84% and national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- Patients at risk of dementia were identified and offered an assessment.
- For patients experiencing poor mental health the practice had information available regarding how to access local support groups and voluntary organisations.

Good



Summary of findings

- The practice had a system in place to follow up patients who had attended accident and emergency where they had been experiencing poor mental health.
- Staff we interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing lower than the local clinical commissioning group (CCG) and national averages in some areas. 272 survey forms were distributed and 105 were returned. This represented a response rate of 39% (2% of the practice's patient list).

- 71% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and national average of 85%.
- 63% of patients said they would recommend this GP practice to someone new to the area compared to the CCG average of 75% and national average of 78%.
- 56% of patients found it easy to get through to this practice by phone compared to the CCG average of 70% and national average of 73%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 10 comment cards which were all positive about the standard of care received. The comment cards did not include any negative comments. Patients described the service received as excellent and commented that staff were friendly and caring and that patients were always treated with courtesy and respect.

We spoke with five patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. One patient stated that it is sometimes difficult to get through to the practice by telephone. All patients commented that they would recommend the practice to other patients.

Results of the monthly Friends and Family survey were reviewed regularly. Recent survey results showed that the majority of patients would recommend the practice to friends and family:

- January 2017 (18 responses) – 94% of patients were likely to recommend the practice.
- February 2017 (19 responses) – 79% of patients were likely to recommend the practice.
- March 2017 (21 responses) – 81% of patients were likely to recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should continue to monitor and work towards improving patient satisfaction regarding telephone access; waiting times during appointments and some aspects of consultations with the practice nurse.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to all carers registered with the practice.

The Derry Downs Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. The team included a GP Specialist Adviser.

Background to The Derry Downs Surgery

The Derry Downs Surgery is located in St Mary Cray, Orpington, in the London Borough of Bromley. The area is mainly residential with some industrial premises and a busy high street nearby. The premises is close to rail stations and bus routes with unrestricted parking close to the surgery. The practice is located in a residential property which has been converted for the sole use as a surgery. The accommodation is spacious and based over three floors. Patient facilities are mainly on the ground floor and include four consultation rooms, two treatment rooms and a large reception/waiting area.

The practice has operated from the current address since 1993. The service operates under a General Medical Services contract providing services to 5392 registered patients. Bromley Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality. There are a large number of GP surgeries in the vicinity (six surgeries within a radius of 0.5 miles).

Following the recent retirement of a partner the practice is currently registered with the CQC as an Individual. The current provider plans to return to partnership status as soon as possible.

The provider is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury, surgical procedures and diagnostic and screening procedures.

Clinical services are provided by three GPs, one practice nurse and one health care assistant (HCA).

GP services are provided by the lead GP (male) 7 sessions a week and two salaried GPs (male and female) 12 sessions per week.

The Practice Nurse works 24 hours and the HCA 20 hours per week, over four days.

Administrative services are provided by 12 part-time members of staff including a Practice Coordinator (28 hours), Administration Supervisor (20 hours), Prescription Supervisor (20 hours), Medical Records Summariser (hours as required), IT Clerk (12 hours) Medical Secretary (15 hours) and six reception staff (92 hours - 2.44 wte).

The practice reception is open between 8am and 8pm Monday and Thursday and between 8am and 6.30pm Tuesday and Friday.

On Wednesday the practice is open between 8am and midday. At midday the answerphone message instructs patients that the surgery is closed but that if their call is urgent they can hold and their call will be automatically transferred to the out of hours service. The call is then directed to the out of hours mobile number held by the duty doctor. The Wednesday afternoon service is provided as a collaborative arrangement of several local GPs.

Telephone lines were open between 8am and 6.30pm Monday to Friday, except Wednesday when telephone lines are open until midday.

Detailed findings

Appointments are available with a GP between 9am and 7.30pm on Monday and Thursday; between 9am and 6pm on Tuesday and Friday and between 9am and 11.30am on Wednesday.

In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available on the same day for patients that need them.

Telephone consultations are available daily.

Pre-booked appointments are available with the Practice Nurse and HCA on four days a week with extended hours on Thursday evening.

When the surgery is closed urgent GP services are available via NHS 111.

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 the practice we reviewed a range of information we hold about the provider and information from other organisations to share what they knew. We carried out an announced visit on 5 April 2017.

During our visit we:

- Spoke with a range of staff including the GP provider, a salaried GP, Practice Nurse, Practice Manager, Health Care Assistant and reception/administrative staff.
- Spoke with representatives of the patient participation group (PPG) and patients who used the service.
- Reviewed a sample of patient records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Looked at information the practice used to deliver care and treatment plans.

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 used by CQC at that time.

Are services safe?

Our findings

Safe track record and learning

There was a system 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 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).
- From the sample of documented examples we reviewed we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, truthful information, a written apology and were told about any actions to improve services and to prevent the same thing happening again.
- We reviewed incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of all reported significant events.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following an investigation and subsequent discussion at weekly clinical meetings, learning was shared with relevant staff by email. Learning from incidents was also discussed at the four-monthly practice meetings attended by all staff.
- The practice also monitored trends in significant events annually and evaluated any action taken.

Overview of safety systems and processes

- The practice had clearly defined and embedded systems, processes and practices in place to minimise risks to patient safety.
- Arrangements for safeguarding 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. The lead GP was the lead member of staff for safeguarding. We were told that GPs

attended safeguarding meetings and provided reports where necessary for other agencies. Heath Visitors attended the surgery for quarterly safeguarding meetings.

- Staff we interviewed demonstrated they understood their responsibilities regarding safeguarding and had received training on safeguarding children and vulnerable adults relevant to their role. GPs and nurses were trained to child safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There were cleaning schedules and monitoring systems in place.
- The practice nurse was the infection prevention and control (IPC) clinical lead supported by the lead GP and Practice Manager. Liaison was maintained with the local infection prevention team to keep up to date with best practice.
- There was an infection control policy 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, minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).
- There were robust processes for handling repeat prescriptions which included the review of high risk medicines. A Prescription Supervisor processed all repeat prescription requests in a room separate from reception to ensure a safe and undisturbed environment. All prescriptions were checked and signed before being issued and there was a reliable process to ensure this occurred.
- With the support of the local clinical commissioning group pharmacy teams the practice carried out regular medicines audits to ensure prescribing was in line with best practice guidelines for safe prescribing.

Are services safe?

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- The Health Care Assistant had been trained to administer vaccines and medicines against a patient specific direction (PSDs) from a prescriber. These were produced appropriately. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of previous employment references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS).

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out fire drills twice a year. There were designated fire marshals within the practice. There was a fire evacuation plan which identified how staff could support patients with mobility problems to vacate the premises.
- All electrical and clinical equipment was checked and calibrated annually to ensure it was safe to use and was in good working order.
- The practice had a variety of other risk assessments to monitor safety of the premises such as control of substances hazardous to health, asbestos and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure sufficient staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

The practice had adequate arrangements 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 an emergency. Panic alarm buttons were available in reception and all consultation and treatment rooms.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. An accident book was available in reception and first aid supplies available in the treatment room.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan for major incidents such as power failure or building damage. The plan included all emergency contact numbers for utilities and staff members.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems 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 audits and checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) 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 used by the CQC (2015/16) showed that the practice achieved 97% of the total number of points available compared to a Clinical Commissioning Group (CCG) and national average of 95%.

The practice exception reporting rate was 8% which was similar to the CCG average of 8% and national average of 10%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

The practice had implemented a comprehensive recall protocol for the management of patients with long-term conditions. This included a monthly search to identify eligible patients. The aim of the process was to ensure patients with co-morbidities were required to attend only one appointment to carry out all necessary annual long-term condition checks at the same time. A form had been developed by the practice which was used for each eligible patient detailing the long-term conditions to be reviewed and the blood tests required to carry out the review. Blood tests were then carried out prior to the appointment. The procedure also included a detailed invitation procedure which included actions to take following a failed response to invitations and DNAs.

This practice was not an outlier for any QOF clinical targets. Data from 2015/16 showed the practice performance was comparable to local and national averages for all indicators. For example:

- Performance for diabetes related indicators of 84% was comparable to the CCG average of 89% and national average of 90%.
- Performance for mental health related indicators of 99% was comparable to the CCG average of 90% and national average of 93%.

There was evidence of quality improvement including clinical audit. Thirteen clinical audits had been carried out in the last two years. We reviewed two audits where the improvements made were implemented and monitored. One of these was a 2-week urgent referral audit which was initially undertaken to assess how many cancer diagnoses were confirmed and the variability of the diagnosis confirmation rate of individual GPs. The findings were discussed at the monthly clinical governance meeting and individual results were reflected on in order to improve clinical practice. The practice continued to undertake this audit on a monthly basis to analyse outcomes. An analysis after six months identified the following learning and improvements. The monthly audits had:

- prompted discussion and learning on individual GP's diagnosis process in line with current guidelines
- identified incomplete referral and assessment processes: 3 patients had not attended their appointments; one patient had refused the recommended test and letters had not been received for 7 patients.

All these patients were followed-up by the practice and as a result they had implemented a monthly audit to ensure no patients were missed to follow-up in the future.

Effective staffing

Evidence we reviewed showed that staff had the skills and knowledge 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.

Are services effective?

(for example, treatment is effective)

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, staff reviewing patients with long-term conditions and providing sexual health advice had received additional training for these roles.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at clinical meetings.
- The learning needs of staff were identified through a system of six monthly appraisals, staff 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 and nurses. All staff had received an appraisal within the last six 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. Visiting speakers were also arranged for staff meetings.

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 patient record system and practice shared drive system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documents we reviewed we found that 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 on-going care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from, hospital. With patients' consent, information was shared between services using a shared care record.

- Meetings took place with other health care professionals on a six monthly basis when care plans were routinely reviewed and updated for patients with complex needs.
- The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances.

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.
- Written consent was obtained and retained in patient records for childhood vaccinations. Verbal consent was noted in patient records for joint injections given by the GP.

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 offered support by practice staff and signposted to the relevant support and advice services where appropriate.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 82% and the national average of 81%. The practice demonstrated how they encouraged uptake of the screening programme by telephoning patients who did not attend to remind them of its importance. The practice ensured a female sample taker was available and there were systems in place to ensure results were received for all samples sent for testing and the practice followed up women who were referred as a result of abnormal results. A regular audit was carried out to monitor the inadequate sample rate. The latest audit confirmed an inadequate sample rate of less than 1%.

Are services effective?

(for example, treatment is effective)

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer.

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were in line with national targets.

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

During our inspection we observed that members of staff were courteous and helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting and treatment rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- Consultation and treatment room doors were closed during consultations and conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 10 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 five patients including two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was always respected. Comments highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the most recently published national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was comparable to the clinical commissioning group (CCG) and national average for its satisfaction scores on consultations with GPs but were lower than average for some aspects of consultations with nurses. For example:

- 80% of patients said the GP was good at listening to them compared to the CCG average of 88% and the national average of 89%.
- 85% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%.

- 76% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 83% of patients said the nurse was good at listening to them compared to the CCG and national average of 91%.
- 79% of patients said the last nurse they spoke to was gave them enough time compared to the CCG and national average of 92%.
- 93% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and national average of 97%.
- 78% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG and national average of 91%.
- 82% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

The practice were aware of the need to improve patient satisfaction. The practice were supporting the practice nurse in addressing the issues regarding nurse consultations. An in-house survey was in progress to see if the improvements made were reflected in current patient experiences.

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.

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:

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.

Are services caring?

- 86% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG and national average of 90%.
- 77% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG and national average of 85%.

The practice provided facilities to help patients become involved in decisions about their care such as interpretation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available. Patients were also told about multi-lingual staff that might be able to support them.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Support for isolated or house-bound patients included signposting to relevant support and volunteer services.

The practice computer system alerted GPs if a patient was also a carer. The practice had identified 71 patients as carers (1.3% of the practice list). There was a poster in the waiting area encouraging patients to inform the practice if they were a carer. Written information was available to direct carers to the various avenues of support available to them and they were offered timely and appropriate support. The Practice Manager acted as a carers' champion, liaising with the local carers support service to ensure they had up to date information on current services and support available to patients.

Staff told us that if families had experienced bereavement, the GP contacted them. A patient consultation was offered at a flexible time and location to meet the family's needs and advice given on how to find a support service if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Monday and Thursday evening until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and those who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. As part of their wider treatment and care planning there were early and ongoing conversations with these patients and the teams supporting them about end of life care.
- Same day appointments were available for children and those patients with medical problems that require a same day consultation.
- Interpreting services were available for patients who required it and multi-lingual staff were available to assist if required.
- Patients were able to receive travel vaccines available on the NHS. For vaccines only available privately, patients were referred to other clinics.
- The surgery monthly Healthy Walk took place at weekends to ensure all groups of patients were able to attend.

There were disabled facilities, such as toilets accessible for patients in a wheelchair. Patients with a disability were allowed to park on the space available below the driveway of the Surgery which was next to the ramp leading to the main entrance door. The building had wheelchair access and a hearing loop for hearing-impaired patients.

The surgery offered additional services on the premises for patients of the surgery, such as a phlebotomy service provided by the Health Care Assistant; an audiology service (including ear irrigation) provided by an independent service provider; minor surgery and an ECG service.

Sexual health services were available from one of the GPs, who was a GP with special interest in gynaecology and from the Practice Nurse who was a qualified sexual health nurse.

Access to the service

The practice was open between 8am and 7.30pm Monday and Thursday; 8am and 6.30pm Tuesday and Friday. On Wednesdays the practice was open between 8am and midday.

Telephone lines were open between 8am and 6.30pm Monday to Friday, except Wednesday when telephone lines were closed midday.

Appointments were available with a GP between 9am and 7.30pm on Monday and Thursday; between 9am and 6pm on Tuesday and Friday and between 9am and 11.30am on Wednesday.

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.

On Wednesday when the practice closed at midday the answerphone message instructed patients that the surgery was closed but that if their call was urgent they could hold and the call would automatically be transferred to the out of hours service. The Wednesday afternoon out of hours service was provided through a collaborative arrangement of several local GPs. Urgent calls were transferred directly to the GP on duty.

Telephone consultations were available daily.

Pre-booked appointments were available with the Practice Nurse and HCA on four days a week with extended hours on Thursday evening.

Extended hours appointments were also provided by the local GP Alliance Hub service. These appointments were available between 6.30pm and 8pm Monday to Friday and from 9am to 1pm Saturday and Sunday. Appointments had to be booked through the surgery. The service was staffed by GPs from the practices who are members of the alliance and full access to GP electronic records was available for all consultations.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was mixed.

Are services responsive to people's needs?

(for example, to feedback?)

- 67% of patients were satisfied with the practice's opening hours compared to the local clinical commissioning group (CCG) average of 72% and national average of 76%.
- 56% of patients said they could get through easily to the practice by phone compared to the CCG average of 70% and national average of 73%.
- 92% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared to the CCG average of 84% and national average of 85%.
- 90% of patients said their last appointment was convenient compared with the CCG average of 90% and the national average of 92%.
- 66% of patients described their experience of making an appointment as good compared with the CCG average of 70% and the national average of 73%.
- 33% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 54% and the national average of 58%.

The practice were aware of the need to reduce the waiting time for patients and had therefore increased the number of vacant appointment slots throughout the GP's session and extended the time of the session to ensure the change did not result in a reduction in the number of appointments available.

The practice had changed the telephone answering process to ensure more staff were available to answer calls at key times. An automated arrival screen had been

installed to avoid patients having to queue at reception on arrival for appointments. The practice was also in the process of evaluating new telephone systems with improved patient access.

Listening and learning from concerns and complaints

The practice had a system for handling complaints and concerns.

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

We looked at nine complaints received in the last 12 months and found these were satisfactorily handled in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care. For example, a patient had complained about the practice failing to provide adequate pain management. The complaint was investigated and discussed at the weekly clinical meeting. It was felt that improvements could have been made and as a result the practice developed a Pain Management flow chart, incorporating best practice guidelines. This was used to direct GPs when considering appropriate pain management

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a strategy and supporting plans which reflected the vision and values and were regularly monitored.

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 and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. Staff had lead roles in key areas and colleagues were aware of these.
- Practice specific policies were implemented and were available to all staff. These were updated and reviewed regularly.
- A comprehensive understanding of the performance of the practice was maintained. Practice meetings were held every four months which provided an opportunity for staff to learn about the performance of the practice.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of meetings that learning was shared with staff following investigations into incidents and complaints.

Leadership and culture

On the day of inspection the provider 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 lead GP was approachable and always took the time to listen to staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour which included support for staff on

communicating with patients about notifiable safety incidents. (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).

The provider encouraged a culture of openness and honesty. From the sample of documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- the practice gave affected people 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 and staff felt supported by management.

- The practice held and minuted a range of multi-disciplinary meetings including six-monthly meetings with members of the palliative care team to monitor vulnerable patients and quarterly meetings with health visitors to monitor vulnerable families and safeguarding concerns.
- Staff told us the practice held team meetings every four months.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at practice meetings and felt confident and supported in doing so. Minutes were detailed and were available for practice staff to view.
- Staff said they felt respected, valued and supported by the provider and Practice Manager. All staff were involved in discussions about how to develop the practice and staff were encouraged to identify opportunities to improve the service delivered by the practice.

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

The practice proactively encouraged and valued feedback from patients and staff.

- Feedback from patients was obtained from the monthly Friends and Family survey and from the suggestion box in the waiting area. There was also an online suggestion box providing direct access to the Practice Manager. This was actively used by patients and changes had been

Are services well-led?

Good 

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

implemented as a result of patient suggestions. For example, a dedicated children's reading area had been created in the waiting area where a children's seating area and books for various ages were provided.

- The PPG had been active for the past six years and consisted of 12 members. We spoke to two members of the PPG who told us that they felt the provider valued the input from the group. The group met at 7pm every three months and all meetings were attended by the lead GP and Practice Manager. They regularly submitted proposals for improvements to the practice management team which were always welcomed and taken forward. Examples of improvements implemented as a result of PPG suggestions included the instalment of an automated arrivals screen to avoid patients having to wait at the reception desk to book in and the introduction of the monthly Health Walks.
- The monthly Health Walks, organised by the practice were attended by the lead GP and Practice Manager. Sponsored walks were sometimes arranged to raise funds for the local hospice charity.
- Results of the NHS Friends and Family test, complaints and compliments were reviewed, analysed and shared with staff at the regular staff meetings.
- Feedback from staff was obtained 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. They told us they felt listened to and that their opinion was valued. 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. For example, the practice were awaiting confirmation of funding to extend the property to include two additional consultation rooms in preparation for a new GP partner and to provide additional space to host students when the practice became a teaching practice. The practice was also supporting the practice nurse during her completion of additional training, including the independent prescriber training. This would prepare her for the role of nurse practitioner

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was part of the local vulnerable patient pilot scheme aimed at identifying the most vulnerable patients and providing an enhanced level of service to these patients. The practice was also working with the CCG on the development of a local Clinical Pharmacist service and a local recruitment and training drive for Nurse Practitioners.