

Station Road Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Station Road Surgery on 16 March 2016. Overall the practice is rated as good.

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

- The practice had an open and transparent approach to safety and an effective system in place for reporting and recording significant events, although it was not always clear how this information was shared across the practice.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

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

The areas where the provider should make improvement are:

- Continue to review patient feedback and work to improve patient experience with long waiting times.
- Continue to develop the patient participation group.
- Review how learning is shared across 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.

- There was an effective system in place for reporting and recording significant events, although it was not clear how this information was shared within the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed and the practice had suitable arrangements to deal with emergencies.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

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

Good



Summary of findings

- 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.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example early morning and Saturday appointments were started in response to patient feedback.
- Patients sometimes said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality patient centred care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The partners had different areas of responsibility within the practice to share the non-clinical workload. The practice had a number of policies and procedures to govern activity which were reviewed regularly. The partners held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.
- The practice sought feedback from staff and patients, which it acted on. The patient participation group had recently

Good



Summary of findings

reformed with 17 members partially representing the patient population. This group had not met but were being involved in reviewing services provided and supporting the practice to make improvements.

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named doctor.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. They maintained a list of patients who needed home visits and carried out at least annual reviews for all these patients.
- The practice had an arrangement with a local practice for patients to attend blood tests rather than travelling to the hospital for this service.
- The practice provided a weekly service to a local nursing home and fortnightly visits to a local care home and carried out home visits to patients in their own homes when they were required.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice had registers of patients with the various long term conditions and had systems in place to recall patients for regular reviews. Nursing staff received regular training updates to monitor these patients appropriately.
- Performance for diabetes related indicators was generally comparable to other practices, with numbers for some indicators above and others below the CCG and national averages. For example: 80% of patients had the flu immunisation between April 2014 and March 2015. The practice had developed an action plan and had increased the number to 88% between March 2015 and February 2016; 80% had records of their cholesterol between April 2014 and March 2015 was 80%, same as the national figures. Clinical staff had completed updated training in care of patients with diabetes.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- The practice sent new parents a congratulations letter which included an information pack with the immunisation schedule, a new baby registration form for the practice and information about breast feeding. Immunisation rates were in line or above national averages for all standard childhood immunisations.
- 75% of patients diagnosed with asthma had a review of their condition between April 2014 and March 2015 was 75%, the same as the national average.
- 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.
- 86% of female patients aged 25-64 had cervical screening test in the last five years which was above the local and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with health visitors and midwives, families with children under five were routinely discussed.

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. It provided early morning appointments three mornings a week and appointments on alternate Saturdays.

Good



Summary of findings

- The practice was proactive in offering online services including an electronic prescriptions service. There was a system for clinical staff to return patients telephone calls.
- The practice provided a full range of health promotion and screening that reflects the needs for this age group.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. They had 15 patients on the learning disability register and all had received an annual health care review.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 76% of patients diagnosed with dementia had their care reviewed in a face to face meeting between April 2014 and March 2015, which was below the national average of 84%. The practice had developed an action plan to improve this number by training the health care assistant to complete them.
- 95% of patients with schizophrenia, bipolar affected disorder and other psychoses had a review of their care plan (above the national average of 88%) and 87% had a record of their alcohol consumption which was in line with the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Good



Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and fifty two survey forms were distributed and 110 were returned giving a 43.7% response rate which represented less than 0.9% of the practice's patient list.

- 94% were able to get an appointment to see or speak to someone the last time they tried, above the CCG and national average of 85%.
 - 86% described the overall experience of their GP surgery as fairly good or very good compared to the national average of 85%.
 - 78% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).
 - 65% found it easy to get through to this surgery by phone compared to a CCG average of 70% and the national average of 73%.
 - 86% found the receptionists at this surgery helpful which was the same as the local and national averages of 86% and 87%.
 - 94% were able to get an appointment to see or speak to someone the last time they tried which was above both the local and national average of 85%.
 - 93% said the last appointment they got was convenient which compared to the local average of 90% and the national average of 92%.
- 75% described their experience of making an appointment as good in line with the local and national averages of 72% and 73%.
 - 68% said they usually waited 15 minutes or less after their appointment time to be seen which compared with the CCG average of 63% and the national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 21 comment cards of which 18 were positive about the standard of care received at the practice. Patients described the service as being very good or excellent. They described staff as being caring and helpful. Negative comments related to difficulty in obtaining urgent appointments and in general administration such as delays in obtaining repeat prescriptions and referrals to secondary care.

We spoke with 5 patients during the inspection. All of these patients described their care as good and said staff were caring, kind and approachable. The only negative comment made was about the wait to be seen often being too long.

The practice used the NHS Friends and Family Test to seek patients opinion of the services provided. From April 2015 to January 2016 87 patients had responded, 62 were positive with patient feeling supported by both clinical and reception staff, 21 included some negative comments which were around access and staff attitude and 4 were neither positive or negative.

Station Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector with a GP specialist advisor.

Background to Station Road Surgery

Station Road Surgery has been a GP practice for over fifty years. It is situated in the middle of West Wickham in a detached house with no onsite parking for patients although there are two public car parks within a short walk from the practice. There is step free access, a reception and waiting area, 8 consultation rooms, two treatment rooms and toilet facilities on the ground floor. The upstairs is only used by staff.

The practice provides primary medical services to approximately 12350 patients and is one of 48 practices in Bromley CCG. The practice is a teaching practice for final year medical students.

There are seven GP partners (four of whom are female) who make up 5.75 whole time equivalent. There is a part time nurse practitioner and three part time nurses (all female) who cover two whole time equivalent posts and a part time health care assistant who work almost full time. The clinical team are supported by a practice and reception manager, 18 part time reception and administrative staff.

The practice works under a General Medical Services contract and has signed up to provide some extra services (not normally provided under their contract): childhood vaccinations and immunisation; extended hours access; facilitating timely diagnosis and support for people with

dementia; improving patient on-line access; influenza and pneumococcal immunisations; minor surgery; patient participation and rotavirus and Shingles immunisation. They are registered with CQC to provide the regulated activities diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 9.00am to 12noon every morning and 3.00pm or 4.00pm to 5.00pm or 6.00pm daily. Extended surgery hours are offered from 7.00am-8.00am Monday, Thursday and Friday and from 8.00am-11.15am on alternate Saturdays. Outside of these hours patients are directed to contact the out of hours provider for the local area via the 111 service or advised to go to the local urgent care centre.

The practice is in one of the least deprived areas. Life expectancy for both men and women is slightly above the local and national averages. They have below the local and national average of patients under the age of 18 and those aged 20-40 and slightly above average for patients aged over 40.

The practice has not been inspected before.

Why we carried out this inspection

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

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

How we carried out this inspection

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 16 March 2016.

During our visit we:

- Spoke with a range of staff including three GPs, one nurse and the health care assistant, the practice and reception managers, four administrative and reception staff and spoke with five patients who used the service.
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available to staff on the practice's computer system.
- The practice carried out an analysis of significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, when patients were referred to other health services the referrals were all sent to the practice secretaries to be actioned and logged so follow ups could be checked. However the system for learning and improving did not show how all staff at the practice were informed and involved.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The practice policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs was the practice safeguarding lead. The GPs attended safeguarding meetings when possible and provided reports when requested by other agencies. Staff demonstrated they understood their responsibilities, had received training relevant to their role and were clear about who to report concerns to within the practice. GPs were trained to Safeguarding level 3 nurses to level 2 and reception staff to level 1.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The cleaning was carried out by external contractors, the practice manager completed regular spot checks and raised concerns with the company.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from one of the GPs for this extended role. 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 before presenting for treatment).
- 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.

Are services safe?

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with an information poster in the office which identified local health and safety representatives. The practice had up to date fire risk assessments with systems in place to ensure fire alarms were tested. While they had not carried out a fire drill, all staff spoken with were clear of their responsibilities and aware of the fire evacuation process. All electrical equipment was checked in June 2015 to ensure the equipment was safe to use and clinical equipment was checked in March 2016 to ensure it was working properly. The gas safety was checked in October 2015 to ensure it was safe. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control, legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings) and asbestos.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed

to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The GPs had a system where no more than two were off at the same time. Administrative staff were trained to cover each others roles during holiday and any sickness absence.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. The practice did not have a system to record when emergency medicines were used.
- A first aid kit and accident book were available.
- The practice had a comprehensive business continuity plan in place for major incidents such as electrical failure, building damage and no availability of GP. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 91.4% of the total number of points available. This was in line with local and national averages of 93.8% and 94.8%. The practice had developed an action plan to improve outcomes for patients and showed us data for year ending March 2015 indicating they were at 95%. This practice was not an outlier for any QOF (or other national) clinical targets. Data from April 2014 to March 2015 showed:

- Performance for diabetes related indicators was similar to and below the CCG and national average. For example: 80% of patients had the flu immunisation between April 2014 and March 2015. The practice had developed an action plan and had increased the number to 88% between March 2015 and February 2016; 80% had records of their cholesterol between April 2014 and March 2015 was 80%, same as the national figures. Clinical staff had completed updated training in care of patients with diabetes.
- The percentage of patients with hypertension having regular blood pressure tests was 84% in line with the national average of 84% .

- Performance for mental health related indicators was similar to the CCG and national average. For example 95% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a care plan was 95%, above the national average of 88%. For these patients 87% had a record of their alcohol consumption in line with the national average of 89% and 94% had a note of their smoking status which was the same as the national average.

Clinical audits demonstrated quality improvement.

- We looked at two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example an audit was carried out for patients taking both Aspirin and Warfarin after a GP attended a meeting where they were informed of new guidelines for these patients. The audit in October 2015 identified 22 patients were taking both these medicines. The GP reviewed all these patients notes and found two patients were no longer taking both medicines so their records were updated. The remaining 20 patients were invited for a medicines review. Seven patients had their aspirin stopped, eight were confirmed to remain on both medicines. The practice were waiting for a response from the consultant for two patients and three patients did not respond to contact from the surgery. The re-audit in March 2016 showed 13 of the 14 patients had already been identified, reviewed and assessed as needing to take both medicines. One was a new patient and their previous notes were not at the practice but had been requested. Clinical staff who attended an information session about the audit concluded the education and system change had improved patient safety.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all new staff. It covered safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs and nurses. The nurse prescriber met with one of the GPs every month. Records of these meetings were brief and did not include training updates. There was no clinical input in this staff members appraisal. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice had recently signed up to an e-learning training system which staff were in the process of completing as well as in-house training and training through the local education network.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between

services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. The practice had completed clear guidance for staff regarding completing do not attempt resuscitation orders for patients.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and maintaining a healthy lifestyle. Patients were then signposted to the relevant service.
- The health care assistant provided smoking cessation and weight management advice at the practice.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available.

Are services effective? (for example, treatment is effective)

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

Childhood immunisation rates for the vaccinations given were comparable with some slightly above the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 78% to 97% and five year olds from 91% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 21 patient Care Quality Commission comment cards we received were positive about the service experienced and how they were treated by staff. Staff were described as caring and helpful. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 83% said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 83% said the GP gave them enough time which was in line with the CCG average of 84% and the national average of 87%.
- 97% said they had confidence and trust in the last GP they saw which was in line with the CCG and national average of 95%.
- 79% said the last GP they spoke to was good at treating them with care and concern just below the national average of 85%.

- 93% said the last nurse they spoke to was good at treating them with care and concern in line with the national average of 91%.
- 86% said they found the receptionists at the practice helpful which was the same as the local and national average.

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:

- 74% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care in line with the national average of 82%.
- 88% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice was a member of the local GP federation which was involved with reviewing the needs of its local population and were engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. Improvements made included providing early morning and Saturday morning appointments and making more staff available to answer the telephones in the morning with plans to install a new telephone system to improve patient experience.

- The practice offered appointments on Monday, Thursday and Friday morning from 7.00am-8.00am and alternate Saturdays from 8.00am-11.15am 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 long term conditions if required.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice was accessible for people with limited mobility and those who used a wheelchair. There was a hearing loop and translation services were available when needed.
- There were baby changing facilities and room for parents with pushchairs.

Access to the service

The practice is open between 8.00am and 6.30pm Monday to Friday. Appointments are from 9.00am to 12noon every morning and 3.00pm or 4.00pm to 5.00pm or 6.00pm daily. Extended surgery hours are offered from 7.00am-8.00am Monday, Thursday and Friday and from 8.00am-11.15am on alternate Saturdays. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 74% of patients were satisfied with the practice's opening hours which compared to the national average of 78%.
- 65% patients said they could get through easily to the surgery by phone compared to the national average of 73%.
- 40% patients said they always or almost always see or speak to the GP they prefer, in line with the national average of 36%.

People told us on the day of the inspection that they were usually able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

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

We looked at four of the 21 complaints received in the last 12 months and found they were dealt with in a timely way, demonstrating openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, more reception staff were trained to deal with repeat prescriptions to help during busy periods, reception staff attended additional training in customer care and the practice employed a reception manager to support reception staff. Clinical staff reviewed complaints when they arose and worked to improve their communication with patients, developing health information leaflets to support patients. The practice kept a record of compliments received and shared them with relevant staff.

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 patient centred care, providing continuity of care and promoting good outcomes for patients.

- The practice had a statement of purpose which included the aims and objectives. This was included in the practice booklet for patients. Staff knew and understood the practice aims and objectives and their role in meeting them.
- The practice had a strategy and supporting business plan which reflected the aims and objectives which were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. The partners took the lead for different areas of the practice operation, with one overseeing complaints, prescribing, safeguarding and two responsible for staff. 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. These documents were reviewed and updated regularly.
- The partners demonstrated a good understanding of the performance of the practice.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were clear and staff were aware of their responsibilities.

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality

care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held a range of regular meetings, for reception staff, partners and nurses.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice who were all approachable. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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 NHS Friends and Family Test and their own patient surveys to seek feedback on the NHS health checks and smoking cessation. The patient participation

Are services well-led?

Good 

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

group (PPG) was newly reformed and we were told this group would be involved in reviewing the services provided and supporting the practice to make improvements.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with the partners. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The partners were forward thinking, reviewing patient needs and planning to make more changes to the practice premises to better meet patient's needs.