

# Stock Hill Surgery

## Quality Report

Stock Hill  
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Date of inspection visit: 16 February 2016

Date of publication: 04/04/2016

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 Stock Hill Surgery on 16 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had 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.

- 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.

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

- Review the chaperone policy in line with national guidelines and work to implement what is set out in the policy.
- Review and address issues identified in the GP patient survey to improve patient experience and access.
- Ensure that the carers register is up to date.

**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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- The practice shared quality alerts with the local hospital for example they shared significant events.

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 at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with 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 in-line with others for some 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.
- The practice sent congratulations letter to new parents after the birth of a baby which also had information about immunisations and the six weeks check.
- The practice had trained a member of staff to become Patient Liaison Officer (PLO) who contacted the carers to provide support and advice and signposting to local services; however the practice had no up to date carers register.

## 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.
- 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.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital.
- The part-time GPs can login remotely to access the practice's computer system which enabled them to action letters and pathology results in a timely manner.

Good



## Are services well-led?

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

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

Good



# Summary of findings

- 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 and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice provided a phlebotomy service at the practice for the benefit of older patients who may have difficulty in getting to the hospital.
- The practice offered Electrocardiogram (ECG) and 24 hour blood pressure monitoring which reduced unnecessary travel for patients.

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 national Quality and Outcomes Framework (QOF) data showed that 80% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 66% which was below the national average of 88%. One of the practice nurses had been recently trained to be diabetic specialist nurse and she works with the lead diabetic GP in the practice and performed diabetes annual reviews. In order to engage hard to reach population the practice offered additional GP diabetic clinics.
- Longer appointments and home visits were available for people with complex long term conditions when needed.
- All patients with long-term conditions had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



# Summary of findings

## 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 urgent care and A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The national Quality and Outcomes Framework (QOF) data showed that 78% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered weekly midwifery clinics at the surgery.

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.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. These patients were flagged in their clinical system.

Good



# Summary of findings

- The practice offered appointments for all newly registered looked after children with a named GP and had an alert set up on the computer system.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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.
- The GPs visited two community homes on a regular basis, supporting the needs of the residents with learning disabilities and mental health problems.

## 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 number of patients with dementia who had received annual reviews was 80% which was below the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 92% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months.
- 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.
- 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.

Good





# 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 forty five survey forms were distributed and 115 were returned. This represented 1.05% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone (Clinical Commissioning Group (CCG) average of 70%, national average of 73%).
- 79% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85%, national average 85%).
- 67% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 65% 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%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were mostly positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 11 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring.

# Stock Hill Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

## Background to Stock Hill Surgery

Stock Hill Surgery provides primary medical services in Biggin Hill to approximately 11000 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children, and working age people are in line with local and national averages with a higher than average population of older people. Of patients registered with the practice for whom the ethnicity data was recorded, 66% are white British followed by 2% other white.

The practice operates from purpose built premises. All patient facilities are wheelchair accessible. The practice has access to six doctors' consultation rooms and three nurse consultation rooms on the ground floor.

The practice team at the surgery is made up of three full-time male lead GPs who are partners, three part-time female GPs who are partners, one part-time GP registrar, two part-time female practice nurses, and two part-time healthcare assistants. The practice team consists of one

practice manager, one reception supervisor, three practice secretaries, three administrators and seven reception staff members. The practice provided a total of 42 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for GP registrars.

The practice reception and telephone lines are open from 8:00am till 6:30pm on Monday to Friday. Appointments are available from 8:30am to 11:30am and 3:30pm to 6pm every day (One GP offers appointments from 1:30pm and 3:30pm one day each week). Nurse appointments are available from 8:30am to 12:30pm and 2pm to 6pm every day.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Bromley CCG. The practice had recently signed up to be part of local GP Alliance and provides four to eight appointments 7 days a week through Primary Care hubs which could be booked in advance.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, family planning, surgical procedures and treatment of disease, disorder or injury.

## Why we carried out this inspection

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

# Detailed findings

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 16 February 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, six GPs, two practice nurses and a healthcare assistant, and we spoke with 11 patients who used the service including two members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups 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 on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log in the computer system.
- The practice shared quality alerts with the local hospital for example they shared 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, the surgery had two patients with the same name; the incorrect patient was booked for an appointment but the correct patient attended the appointment. This resulted in the GP making entries in the incorrect patient's notes and referral being made for the incorrect patient. The practice then realised this mistake and the referral was withdrawn. Following this staff were reminded to check the patient's date of birth in addition to name when booking the appointment.

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 policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3, Nurses were trained to Safeguarding level 2 and non-clinical staff were trained to Safeguarding level 1.

- Notice in the clinical rooms 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). However we found that the chaperone policy was not clear about who should chaperone and where the person should stand and whether an entry must be made in their medical notes.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, 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 Clinical Commissioning Group (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. Patient Group Directions (PGD) 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 practice had a system for production of Patient Specific Directions (PSD) to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

## Are services safe?

(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, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used locum GPs and performed the necessary recruitment checks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The practice had trained two members of staff to be fire marshals. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition to this, there were panic buttons in all treatment rooms and at the reception desk which were tested regularly to ensure they were in good working order.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises but had no paediatric defibrillator pads; the practice had oxygen available on the premises with adult and children's masks. A first aid kit and accident book was available.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

# 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.
- The practice staff had access to local clinical guidelines through a dedicated website created by the local Clinical Commissioning Group (CCG). Through this website the practice also raised quality alerts by registering a concern about patient care which enabled the CCG to investigate it further and to provide feedback to the practice.

### 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 95.7% of the total number of points available, with 10.1% clinical exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in-line with the CCG and national average. For example, 80% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 66% which was below the national average of 88%. One of the practice nurses had been recently trained to

be a diabetic specialist nurse and she worked with the lead diabetic GP in the practice and performed diabetes annual reviews. In order to engage hard to reach population the practice offered additional GP diabetic clinics.

- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing agent was 100%, which was above the CCG average of 95% and national average of 93%.
- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 100%, which was above the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 92% of patients had received an annual review in compared with CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 80% which was below the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 96% compared with CCG average of 91% and national average of 90%. One of the practice nurses had been trained to be a specialist nurse for COPD and asthma and performed annual reviews for these patients in the practice.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit of prescribing of medicines for rheumatism was undertaken to ascertain if patients were prescribed and monitored according to guidelines and to establish a practice-based protocol. In the first cycle they had identified some patients who were prescribed these medicines were not monitored appropriately. In the second cycle, after changes in practice had been implemented including establishing practice policy and protocols, there was a significant improvement in the prescription and monitoring of these medicines.
- Another clinical audit was undertaken to ascertain if patients with type two diabetes with chronic kidney

# Are services effective?

## (for example, treatment is effective)

disease with declining renal function were managed appropriately. The audit identified some patients who had not been managed appropriately and their medicine treatment was modified according to guidance. Following this the practice established a protocol for management of these patients. The practice also participated in the national diabetes audit.

- The practice worked with the medicines management team and undertook mandatory prescribing audits such as antibiotic prescribing.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. We spoke to a member of staff who had started working at the practice as admin/reception staff and had been supported and trained to undertake more senior roles in the practice.
- The practice is a training practice for GP registrars.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. The practice reception and

administrative staff had received customer service training. Staff had access to and made use of e-learning training modules and in-house training. Nurses, reception and admin staff had access to protected learning time when needed.

### 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 on-going care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. The practice had daily clinical meetings at the end of the morning surgery where the practice discussed ongoing cases and care plans were reviewed. The practice also had a monthly meeting with district nurses and palliative care nurses and three monthly meetings with health visitors. 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.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

## 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 those with dementia. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 87%, which was comparable to the CCG average of

84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 100% and five year olds from 79% to 98%. Flu vaccination rates for the over 65s were 70%, and at risk groups 52%. These were also comparable to CCG and national averages. Flu vaccination rates for diabetes patients were 94% which is in line with the national average.

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 and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- The practice sent congratulations letter to new parents after birth of a baby which also had information about immunisations and 6 weeks check.

Most of the 25 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 11 patients including two members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 83% said the GP was good at listening to them (Clinical Commissioning Group (CCG) average of 87%; national average of 89%).
- 77% said the GP gave them enough time (CCG average 84%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 73% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 74% said they found the receptionists at the practice helpful (CCG average 86%, national average 87%).

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

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

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

- 83% said the last GP they saw was good at explaining tests and treatments (Clinical Commissioning Group (CCG) average 83%, national average 86%).
- 73% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 86% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

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 support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice was in the process of updating its carers register and was not able to give us the exact

## Are services caring?

number of carers registered with the practice. The practice had trained a member of staff to become Patient Liaison Officer (PLO) who contacted the carers to provide support and advice and signposted to local services. Written information was available to direct carers to the various avenues of support available to them.

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

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice had recently signed up to be part of local GP Alliance and provided four to eight appointments 7 days a week through Primary Care hubs which can be booked in advance; this was suitable for working patients and children who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- Home visits were available for older patients and patients who would benefit from these.
- The practice provided a phlebotomy service at the practice to encourage older patients who may have difficulty in getting to the hospital.
- 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/were referred to other clinics for vaccines available privately.
- There were disabled facilities and translation services available.
- The practice had alerts set up for patients for example for those patients with poor hearing, poor mobility, partially sighted, and those patients who had recently suffered bereavement.
- The practice had an independent pharmacy on site which enabled the patients to collect an urgent prescription immediately after seeing a GP.
- The practice offered a text messaging service which reminded patients about their appointments and to book for their flu vaccinations.
- The practice provided minor surgical procedures, coil fitting and complex leg ulcer dressings which reduced the need for getting into a hospital.
- The part-time GPs were able to login remotely to access the practice's computer system which enabled them to action letters and pathology results in a timely manner.

- The practice also offered Electrocardiogram (ECG) and 24 hour blood pressure monitoring which reduced unnecessary travel for patients.
- The practice had trained a member of staff to become a Patient Liaison Officer (PLO) who contacted patients after discharge from an unplanned admission to ascertain if there were any problems or concerns.

### Access to the service

The practice was open between 8:00am and 6:30pm Monday to Friday. Appointments were available from 8:30am to 11:30am and 3:30pm to 6pm daily. 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. The practice had recently signed up to be part of local GP Alliance and provided four to eight appointments seven days a week through Primary Care hubs which can be booked in advance.

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.

- 58% of patients were satisfied with the practice's opening hours (Clinical Commissioning Group (CCG) average 71%, national average 75%).
- 62% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 27% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

The practice had recognised the poor GP survey results published in July 2015 and had engaged the Patient Participation Group (PPG) to help them develop an action plan to address areas for improvement. As a result the practice had changed the appointment system and telephone system; however there was only a slight improvement in the latest GP survey results published in January 2016. The practice was continually working with the PPG to address these issues. Most of the patients interviewed on the day of inspection told us that they were able to get appointments when they needed them.

### Listening and learning from concerns and complaints

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

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 such as information on the website.

We looked at ten complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Lessons were learnt from concerns and complaints and action was

taken to as a result to improve the quality of care. For example, a patient had complained about an appointment for a procedure where they waited in excess of 30 minutes. After enquiring with the receptionist about the appointment the patient was then informed that the procedure could not take place as the equipment required for the procedure was out of date. The practice had investigated the complaint and shared the learning with the reception staff and following this they were asked to inform patients if the clinics were running late. On discussion with the concerned staff a procedure to routinely rotate stock had also been established by the practice to ensure better stock control. Also the conversations regarding this had taken place in the waiting area and the patient felt that this should not have taken place. Following this the practice had run a session on confidentiality by an external speaker which was attended by most staff members.

# 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 mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business 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 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. They had a shared folder in their computer system which had all the practice policies which was regularly updated.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place weekly with the partners and practice manager where management, clinical issues and strategy were discussed. They had a six monthly significant event meeting where significant events and complaints were discussed. The practice also had an annual complaints review meetings with the partners and the practice manager. A GP also attended the local cluster meeting every two months which gave an opportunity to meet other GPs and CCG representatives and to learn about proposed new local services.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

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

- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at 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. 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.

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.

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

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

- The practice had gathered feedback from patients through the Patient Participation Group (PPG) and through surveys and complaints received. The practice had an exceptionally engaging PPG with 10 members

# Are services well-led?

Good 

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

which met regularly carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had slightly improved the appointment system and telephone access and continually working with the PPG to address these issues. The PPG had raised money which had enabled to practice to purchase a defibrillator, TV information screens for the waiting room, two special chairs for waiting room, two electric examination couches for the nurses and a paediatric pulse oximeter. Following patient complaints about the front door being too heavy to open, the PPG had also raised half the money to purchase and install a new automated front door which had been recently installed in the practice. The PPG meetings were attended by two GP representatives who rotated every year.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area for example the practice had trained a member of staff to become Patient Liaison Officer (PLO) who contacted carers to provide support and advice including signposting to local services. They also contacted patients after discharge from unplanned admissions to ascertain if there were any problems or concerns.