

# Boundary House Surgery

## Quality Report

Boundary House Surgery  
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RG12 9PG

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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 undertook a comprehensive inspection of Boundary House Surgery on the 1 October 2014. Overall we have rated the practice as good. We found all five domains were rated as good.

Our key findings were as follows:

The feedback received from patients was positive. Patients spoke positively about the practice staff and described them as friendly, supportive, efficient and caring. The practice results for the national GP patient survey 2013 were higher than the clinical commissioning group (CCG) and national average. Ninety two per cent of patients rated their experience of making an appointment as good and 97% patients said their last appointment was convenient.

We found the service was responsive to patient's needs. The practice understood the needs of the practice population and had systems in place to meet their needs. Patients we spoke with were generally happy with the appointment system.

However, there were also areas of the practice where the provider needs to make improvements.

Importantly, the provider should:

- Ensure risk assessments are documented to confirm whether all members of staff required a criminal records check using the Disclosure Barring Service (DBS).

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General 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. Systems were in place for reporting and responding to incidents. The practice discussed significant events during clinical team meetings, which were attended by the GPs and nursing staff. The district nursing team were also invited. The practice had comprehensive safeguarding policies and procedures in place to protect vulnerable patients. The practice had management of medicines policies and procedures in place. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. The practice was clean, tidy and well maintained.

Good



### Are services effective?

The practice is rated as good for providing effective services. GPs and nurses demonstrated how they ensured they follow national clinical guidelines. Patients had their needs assessed and care planned in accordance with best practice. The practice routinely collects information about patients care and outcomes. Training needs were identified during staff appraisals. The practice carried regular clinical audits and these were discussed at clinical meetings and learning was shared with staff. We found the practice worked with other service providers to meet people's needs and manage complex cases. There was liaison with the local Community Mental Health Team (CMHT) and the local Child and Adolescent Mental Health Teams (CAMHS). Joint working enabled the practice to utilise expertise and services these organisation offered.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patient feedback from surveys, comment cards and verbal feedback was positive. Patients spoke positively about the practice staff and described them as friendly, supportive, efficient and caring. We saw staff treated patients with kindness and respect. The practice had systems in place to protect confidential information. Accessible information was provided to help patients understand the care available to them.

Good



### Are services responsive to people's needs?

The practice is rated as good for providing responsive services. The practice understood the needs of the practice population and had systems in place to meet their needs. A range of clinics and services were offered to patients, which included family planning and minor illness clinics. Patients we spoke with were generally happy with the appointment system. The GP national survey 2014 showed 97% of

Good



# Summary of findings

patients said their last appointment was convenient and 79% were seen by their preferred GP. The practice had a system for handling complaints and concerns. The practice reviewed complaints received and ensured they learnt from them.

## Are services well-led?

The practice is rated as good for being well-led. The practice had a clear focus to deliver high quality care and promote good outcomes for patient. Staff had clear areas of responsibilities and knew who to approach for advice when required. The practice involved patients to improve the services they provided to them. This was achieved in various ways, such as patient survey. All staff had regular training and development opportunities. Staff had received regular supervision and appraisal to discuss individual support needed to develop their knowledge and skills. The practice had number of policies and procedures to govern activity and regular governance meeting had taken place. There were systems in place to monitor and improve quality and identify risk.

**Good**



# Summary of findings

## The six population groups and what we found

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

### Older people

Overall the practice provided good quality care to older patients. The practice worked well with external organisations in delivering care to older patients, including palliative and end of life care. All patients who were 75 years of age and over had a named GP. Home visits were arranged for frail and elderly patients. Flu jabs were offered to elderly patients and the uptake was good. The premises and services had been adapted to meet the needs of the older and frail patients.

Good



### People with long term conditions

Patients with long-term conditions were seen at the practice and supported to manage their health, care, and treatment. The practice held regular clinics for long term conditions such as diabetes and coronary heart disease. These clinics were led by the nurses, who were able to get immediate support from GPs if they found anything of concern. We found referrals to specialist such as endocrinologist were made in a timely manner and in line with local pathways. This ensured patients were able to get the support and treatment they needed. All patients with long term conditions were offered on the day appointments. Care for patients with several long term conditions was streamlined to ensure they were able to conduct all appropriate tests in on one visit. Disease registers were maintained that identified patients with long term conditions. There were recall systems in place to ensure patients with long term conditions received appropriate monitoring and support.

Good



### Families, children and young people

The practice ran various clinics to support this patients group. These included antenatal clinics, postnatal care, childhood vaccinations & immunisations, sexual health and family planning. The practice achieved 98% on their child immunisation compared to a national average of 95%. All patients under age of five years were seen by GP and offered on the day appointment. The practice had good working relationship with the local Child and Adolescent Mental Health Teams (CAMHS).

Good



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

The practice provides a range of appointments between 8:00am and 6pm Monday to Friday. The practice offered evening appointments to accommodate this patient population group. The practice also

Good



# Summary of findings

offered telephone consultations and offered advice via email. Alternative systems were introduced to allow all patients who were unable to attend the practice due to work commitments to book appointments and order their prescriptions online.

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

There were no barriers for patients in vulnerable circumstances. People wishing to register at the practice were always accepted. The practice maintained a learning disability register and these patients received an annual review. The practice had comprehensive safeguarding policies and Mental Capacity Act 2005 (MCA) procedures. We found that staff were familiar with these. All staff had received safeguarding training. The practice provided medical services in a safe way to local groups who were particularly vulnerable.

**Good**



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

Patients with mental health care needs were registered at the practice. Patients with needs related to substance misuse attended the practice and were referred to external organisations for further support. The practice had good working relationship with the local Community Mental Health Team (CMHT).

**Good**



# Summary of findings

## What people who use the service say

We spoke with 14 patients which also included members of the patient participation group (PPG) on the day of the inspection and received feedback from 13 patients via comment cards. A PPG is made up of a group of volunteer patients and practice staff. They meet regularly to discuss the services on offer and how improvements can be made for the benefits of the local patient population and the practice. Patients were complimentary of the staff and care they received. They described the staff as friendly, supportive, efficient and caring. A patient who had been with the practice for over four decades told us they had always been treated with respect and dignity and that practice met their needs well. Patients told us the GP and nurses involved them with decisions about their treatment and care. Patients commented the practice was safe and always very clean. Patient feedback

on appointment accessibility was positive. For example, some patients told us they never had an issue in making an appointment, and waiting time for appointments was minimal. Other patients told us that they would prefer to see a GP of their choice, and sometimes this was difficult.

The practice results for the national GP patient survey in 2013 were higher than the CCG and national average. Overall 91% patients said they would recommend the practice to someone new to the area. Ninety two per cent of patients rated their experience of making an appointment as good and 97% patients said that their last appointment was convenient. Ninety four per cent of patients described their overall experience of the practice as good.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure risk assessments are documented to confirm whether all members of staff required a criminal records check using the Disclosure Barring Service (DBS).

# Boundary House Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead inspector, and a GP specialist advisor. The team included, a practice manager and expert by experience. Experts by experience are members of the team who have received care and experienced treatment from similar services.

### Background to Boundary House Surgery

Boundary House Surgery was established over 30 years ago and occupies a purpose built premises in Bracknell. The practice provides medical services to approximately 8500 patients, with mixed deprivation scores. The practice serves a significant number of patients with young families.

The practice had recently been through some significant management changes. This was because three very experienced clinical staff had retired. This had impacted patients, who previously had benefited from a stable staff team for many years. The current management team were aware that patients and the practice staff needed time to adjust to the new members of the team, different working methods and styles.

Boundary House Surgery has a low number of patients registered who are over 65 and have a high proportion of under 18 patients registered with them, in comparison to local average.

Care and treatment is delivered by a number of GPs, practice nurses, health care assistants and phlebotomist. In

addition, the practice is supported by the district midwives and midwives. Outside normal practice hours patients were able to access emergency care from an Out of Hours (OOH) provider.

The practice has a General Medical Services (GMS) contract and is also a GP training practice.

The practice provides services from:

Boundary House Surgery

Mount Lane

Bracknell

Berkshire

RG12 9PG

### Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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. This provider had not been inspected before and that was why we included them.

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.



# Detailed findings

## How we carried out this inspection

Prior to the inspection, we reviewed wide range of intelligence we hold about the practice. Organisations such as local Healthwatch, NHS England and the clinical commissioning group (CCG) provided us with any information they had. We carried out an announced visit on 1 October 2014. During our visit we spoke with practice staff team, which included GPs, a nurse, a health care assistant (HCA) and the administration team. We spoke with 14 patients who used the service and reviewed 13 completed patient comment cards. We observed interactions between patients and staff in the waiting and reception area and in the office where staff received incoming calls. We reviewed policies and procedures the practice had in place.

To get to the heart of patients experiences of care, we always ask the following five questions of every service and provider:

- 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 are provided for specific groups of people and what good care looks like for them. The population groups are:

- Older people
- People with long-term conditions
- Mothers, babies, children and young people
- The working-age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problems

# Are services safe?

## Our findings

### Safe Track Record

The practice had not raised any safeguarding alerts within the last year. Systems were in place for reporting and responding to incidents. However, we found there was no system of follow up on the accidents reported and these were not part of the significant event reporting. Patients we spoke with told us they felt safe when attending the practice.

### Learning and improvement from safety incidents

The practice had a system in place for reporting, recording and monitoring significant events. We reviewed significant events that occurred during 2014. The practice discussed significant events during clinical team meetings, which were attended by the GPs and nursing staff. The district nursing team were also invited. There was evidence appropriate learning had taken place where necessary and that the findings were shared with relevant staff. Staff we spoke with told us they were able to raise issues during team meeting and were encouraged by the practice manager to do this.

### Reliable safety systems and processes including safeguarding

The practice had safeguarding policies and procedures to protect vulnerable patients. A safeguarding lead had been appointed and undertaken appropriate safeguarding training. The safeguarding lead attended safeguarding case conferences regularly and any changes or learning were communicated to the team through team meetings. All staff members received regular training to enable them to protect children and vulnerable adults from abuse. A training log containing records of this was made available to us. The GPs and nursing staff we spoke with knew of their responsibilities regarding information sharing and documentation of safeguarding concerns. The reception and administration staff were able to tell us what they would do if they suspected abuse and were familiar with the practice safeguarding policies. Staff told us that they would raise a safeguarding concern either with the lead GP or with the practice manager. Patients we spoke with told us they felt safe when attending the practice.

The practice had chaperone policy and this service was advertised on the waiting room notice board and in

consulting rooms. A chaperone is an individual who is present as a third person during intimate examination by a healthcare professional of a patient of the opposite sex. Chaperone duties were only performed by the GPs and nurses. Staff we spoke with confirmed they documented when a chaperone had been offered and either been accepted or declined by the patient, in the patient record.

The practice whistleblowing procedure was covered in the staff handbook. Staff we spoke with told us they would not hesitate to report poor practice or concerns.

Whistleblowing is when a worker reports suspected wrongdoing at work, if they had any reason to. This could be for example, if anyone at work was neglecting their duties.

### Medicines Management

The practice had management of medicines policies and procedures in place. There was a clear policy for maintenance of the cold chain and action to take in the event of a potential failure. We found all medicines and vaccines stored were within expiry date and there were appropriate stock levels. Vaccines were stored and transported safely. We saw evidence vaccines were stored in fridges which staff checked regularly. No controlled drugs were kept on site. The practice had systems in place for safe disposal of medicines.

The practice had regular meetings with the local clinical commissioning group (CCG) and discussed and reviewed their medicine management practises. The practice also submitted regular medicine management audits to the CCG.

A member of the nursing team was qualified as an independent and supplementary prescriber and had received regular supervision and support in their role.

The practice had protocols for ordering and storing prescription pads. We found the prescription pads were stored safely and securely. When boxes of prescriptions were delivered they were signed for and taken to secure storage immediately. The practice did not hold large stocks of blank prescriptions because they were not required. There was a system in place for reviewing repeat prescriptions and we were told that patients who failed to attend for their prescription review were followed up and reminded to attend their review.

### Cleanliness & Infection Control

# Are services safe?

During our inspection we observed the practice was clean, tidy and well maintained. There were infection control and control of substances hazardous to health (COSHH) policies and procedures in place. The practice had a lead for infection control. The training log provided to us showed all staff had received induction training about infection control.

The quality and standard of cleaning was monitored by practice staff. We reviewed the cleaning schedules and these showed the areas in the practice which had been cleaned and when. Staff checked any areas that needed cleaning had been actioned. We found contract arrangements were in place to enable the safe removal and disposal of any waste from the practice.

Patients and staff had access to hand sanitizers in the waiting area, toilets and in consulting rooms. We noted there were hand hygiene guidelines in photographic format in the toilet facilities for patients and staff to follow. Personal protective equipment such as gloves were available.

## Equipment

Staff had access to a defibrillator and oxygen and the equipment was checked and recorded regularly to ensure it was in working order. Staff we spoke with knew the location of the resuscitation equipment. All new staff were made aware of the location of the fire extinguishers and fire exits during their induction programme.

During our inspection, we found medical equipment and supplies were within their date of expiry. However, we found a box of out of date Lancets in one of the treatment rooms. A lancet is a small medical equipment used for blood sampling.

## Staffing & Recruitment

The practice had a recruitment policies and procedures. We reviewed the personnel files of three staff members, who had been recruited in the last two years. These included two medical receptionists and a GP. We noted that the files included curriculum vitae with no employment gaps, a recent photograph, identity checks and an employment contract. We saw evidence that references had been sought for all three staff members. However, the practice had not obtained declarations for staff to ensure they were physically and mentally fit to carry

out their roles. The practice manager told us all new staff members were required to complete a probationary period, in which suitability and credentials were determined.

We saw that the GP had a criminal record check using the Disclosure and Barring Service (DBS) in place. However, the practice had not completed a criminal records check on both reception and administration staff members, as it was deemed it was not required for their roles..

## Monitoring Safety & Responding to Risk

The practice had a comprehensive risk management and health and safety policies and procedures in place. We saw these were supported by risk assessments. For example a premises risk assessment had been carried out in October 2013 and had been reviewed every six month.

Staff told us medical safety alerts were shared with the GP team when they were received and action taken where appropriate. Recall systems were in place to support patients who required regular reviews of their medical condition. Follow up procedures were in evidence to remind these patients of the importance of their medical checks and offer them another appointment

## Arrangements to deal with emergencies and major incidents

Systems and procedures were in place to deal with emergencies. The practice had a robust 'Disaster Handling and Business Recovery Plan' to deal with emergencies that could interrupt the smooth running of the practice. This plan outlined the senior GP partners and practice manager's responsibilities and was subject to annual review. The document was available to staff on the computer system. The practice manager also kept copies of the document and other insurance policies off site too. Staff had access to emergency medicines and we found these were within their expiry date.

We saw records that all staff had received training in basic life support. The practice had a 'Fire Safety Emergency' action plan, which detailed each staff member's responsibility in an event of fire and the protocols that needed to followed. Staff had access to panic buttons for all medical emergencies and staff were familiar with emergency call protocols.

## Are services safe?

A patient we spoke with told us the practice waiting area had been affected by the floods and that portakabins were used on an interim basis. The patient commented the practice staff had managed the situation very well.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

All of the GPs and nursing staff we interviewed were able to describe and demonstrate how they access both guidelines from the National Institute for Health and Care Excellence and from local health commissioners. GPs and nurses demonstrated how they ensured they follow national clinical guidelines.

Patients had their needs assessed and care planned in accordance with best practice. The GP specialist advisor reviewed 10 patient records for patients who were on one or more medicines, and found all were well managed. All patients had regular medicine reviews.

The practice refers patients appropriately to secondary and other community care services. We saw evidence of appropriate use of two week wait referrals. A recent audit showed these were well managed and had been appropriately dealt with. The practice carried out regular audits on referrals and the improvements to practice were shared with all GPs and nurses. A patient we spoke with told us referrals were always dealt with efficiently.

### Management, monitoring and improving outcomes for people

The practice routinely collected information about patients care and outcomes. The practice used the Quality and Outcomes Framework (QOF) which is a voluntary system for the performance management and payment of GPs in the National Health Service. This enables GP practices to monitor their performance across a range of indicators including how they manage medical conditions. The practice achieved 98% on their QOF 2013 score compared to a national average of 96%. Data from the QOF showed how the practice had performed well on specific disease areas including palliative care and maternity services.

The practice showed us clinical audits that had been undertaken in the last two years. These included audits for diabetes, bowel screening, coil fitting and minor surgery. We saw these were discussed at clinical team meetings. We saw examples of completed audits where the practice was able to demonstrate the changes resulting since the initial audit and these were recorded. For example, the Metformin repeat audit dated August 2013 (initial audit August 2012), showed there were now significant improvement in clinical

care and awareness. We also sampled some incomplete audits where the second cycle of audit was yet to be undertaken and reflected on. For example, the diabetes audit from December 2013 was undertaken to identify whether diabetes diagnosis could be improved. We saw evidence a re-audit was planned for December 2014.

### Effective staffing

All GPs had undertaken regular annual appraisals and had either been revalidated or received a date for revalidation. Continuing professional development and training was available to GPs and nurses. Training needs were identified during staff appraisals. Staff told us the practice was supportive of staff training and if a course/qualification was identified this would be arranged for them. For example, the summariser had identified the need for training on the new computer system which was specific to their role, and was supported by the practice to complete an online course for this.

Staff told us they had various training relevant to their roles over the years. This included, children and adult safeguarding, information governance, health and safety and infection control. The practice had systems in place to monitor staff training. The practice manager recorded all training staff had received on a training matrix and used this to monitor staff training.

There were systems in place to disseminate relevant learning through a structure of team meetings. New guidelines or updates on clinical treatments or protocols were shared with the GPs and nurses. All GPs and nurses took part in the quarterly review of significant events. We saw the minutes of the meeting, including the learning points were made available to the GPs and nursing staff. The significant events we reviewed were mainly of clinical nature.

### Working with colleagues and other services

We found the practice worked with other service providers to meet patient needs and manage complex cases. The practice demonstrated a multi-disciplinary approach to care and treatment, which had benefited patients. The practice worked with the district nursing team and midwives. Staff told us there was a clinical meeting every month and the community team was invited. This included the district nurses and community midwives.

# Are services effective?

## (for example, treatment is effective)

Blood results, X-ray results, letters from hospital accident and emergency and outpatient departments, discharge summaries and the 111 service were received electronically.

The practice worked closely with other local practices and had developed a learning organisational approach with them to manage improvements in health and budgets successfully.

### **Information Sharing**

There was liaison with the local Community Mental Health Team (CMHT) and the local Child and Adolescent Mental Health Teams (CAMHS). Joint working enabled the practice to utilise expertise and services these organisation offered. The practice was also able to keep abreast of guidance and protocols on caring for patients with poor mental health.

### **Consent to care and treatment**

The practice had a consent policy. The GPs and nursing staff had access to guidance and information for the Mental Capacity Act 2005. This ensured patients who were either unable or found it difficult to make an informed decision about their care could be supported appropriately. GPs and nurses obtained written consent for minor surgery procedures, and consent was sought for all photography/video recording during consultations.

The GPs and nurses had a sound knowledge of the Gillick competency considerations, when dealing with younger patients. Gillick competence is used to decide whether a person (16 years or younger) is able to consent to his or her own medical treatment, without the need for parental consent or knowledge.

### **Health Promotion & Prevention**

The practice achieved 100% for the QOF in 2013/14 for the patient information domain. A range of literature was accessible in the practice waiting room and on the practice website to support patients with health promotion and self-care. Health promotion and prevention was promoted through consultations. GPs and nurses signposted obese patients to local diet clubs and weight loss groups.

The practice offered full range of immunisations for children. The practice achieved 98% on their child immunisation compared to a national average of 95%. Pneumococcal vaccine was given to patients who are over 65 years of age, in line with national guidance for older people.

# Are services caring?

## Our findings

### **Respect, Dignity, Compassion & Empathy**

On the day of the inspection we observed that staff interaction with patients was respectful and friendly. We found staff was helpful and welcoming. We saw alternative appointments being offered to patients when required and staff supported patients with enquiries appropriately. Reception staff used a professional manner when difficult situations arose. For example, we saw one of the GPs had been delayed and staff had taken the initiative to announce the delay and kept the patients informed.

We found all consultations took place in private consultation rooms. The rooms were suitably equipped and laid out to protect patient privacy and dignity. For example, curtains were provided in treatment and consultation rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We observed conversations could not be overheard from outside the consultation rooms. We found privacy screens were in place to avoid a patient's notes being seen. We noted long queues were avoided with the check in service, which reduced conversations at reception being overheard.

The 2014 patient survey received approximately 123 patient responses. 87% of patients reported that GP they saw or spoke with was good at giving them enough time and 90% patients said the GP they saw was good at listening to them. Eighty five per cent patients reported the GP they saw was good at treating them with care and concern and 97% patients said they had confidence and trust in the GP they saw. 94% patients described their overall experience at this practice as good.

The practice had systems to protect confidential information. The practice had an information security and confidentiality policies and procedures and staff were familiar with these. The practice had a dedicated team away from the front reception desk, who dealt with all incoming calls. Private and confidential information was not discussed in the reception as this could be overheard by patients in the waiting area. All computers were password protected and only the practice staff had access to the systems. Seventy seven per cent 77% patients said they were satisfied with the level of privacy when speaking to receptionists at the practice, in the national GP 2014

survey. We observed hardcopy patient records were stored behind the reception desk, however the access was not secure. We saw the door was marked with staff access only, however the door was not lockable. The senior GP partner told us the front reception desk was always manned and staff never left this area unattended. The practice had discussed the risks; however these had not been documented.

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

Patients told us staff listened to them and respected their wishes. Patients said they were involved in the decisions about their treatment and care and this was supported by the feedback received via comment cards. Staff told us in order to ensure patients made informed decisions they would discuss treatment options and provide written information to patients for them take away and read before making a decision.

Eighty per cent patients said the GP they saw was good at involving them in decision about their care, in the national GP 2014 survey. Eighty six per cent patients reported the GP was good at explaining tests and treatments. Seventy four per cent patients said the nurse they saw was good at giving them enough time and 76% the nurse was good at listening to them. The practice's own survey from March 2013 found 51% patients rated the range and quality of the services provided by the practice as excellent and 41% patients rated the range and quality as good.

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

The practice had access to translation services for patients who did not speak English as a first language. Staff told us this service was rarely used. The GPs and nurses also had access to various internet sources to provide patients with information in different languages, if required. In addition, the practice website was available in different languages. This included Urdu, Arabic, Italian and Spanish.

The practice signposted patients to local bereavement support groups. We saw leaflets with information about how to access bereavement support in the waiting area. A nurse we spoke with told us for carer's they would inform them about the local support groups. One organisation offered central support for voluntary, community and faith groups in the Bracknell Forest area. They ran several carers' events, which enabled carer's to share their experiences



## Are services caring?

with others in similar circumstances. In addition, they also run befriending meetings for patients who felt isolated and alone. Staff told us that these services were popular and many practice patients used them.

The feedback via the comments cards showed patients were satisfied with the care and treatment they received

from the practice. One patient commented they had been a regular user of the practice, and without the care and support from the GPs and nurses they would not be able to cope.



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

We found the service was responsive to patient's needs. The practice understood the needs of the practice population and had systems in place to meet their needs. All patients who 75 years of age and over had a named GP. Home visits were arranged for frail and elderly patients. Flu jabs were offered to elderly patients and the uptake was good. GP and nursing staff told us older patients were able to making appointments for immunisations as and when required. There were regular internal as well as multidisciplinary meetings to discuss individual patient needs. The practice worked closely with the palliative care and social care teams. A hearing loop for patients who required this was available.

A range of clinics and services were offered to patients, which included family planning, antenatal, children's immunisation, minor illness, and sexual health. The practice ran regular nurse specialist clinics for long-term conditions. These included diabetes and coronary heart disease clinics. Longer appointments were available for patients if required, such as those with long term conditions. GPs placed all new patients who were diagnosed with long term condition on practice register and organised recall programmes accordingly.

The practice had systems in place with secondary care providers to ensure information was available when a referral was made or when results were available. Any action requested by the hospital or Out of Hours (OOH) service was communicated to the practice.

The practice had achieved gold standards framework for end of life care. They had a palliative care register and had regular internal and multidisciplinary meetings to discuss patient and their families care and support needs.

The practice had a patient participation group (PPG). Staff told us since the inception of the PPG there had been a number of events that had occurred within the practice. This had resulted in some delays in successfully developing the group further than its current membership.

This was supported by the two PPG members we spoke with. We noted a recent PPG meeting had taken place, and this well attended by both the members and practice staff.

Members told us they had discussed the role of the PPG moving forward and the areas the members wished to explore the PPG with. For example, organising health education meetings for patients with external speakers.

### Tackling inequity and promoting equality

Patients with limited mobility were seen on the ground floor and clinic staff collected frail patients from the waiting area and provided them with relevant support. The practice had reserved car spaces for patients with disabilities, which were clearly marked and near the front entrance. We saw the practice had a lowered access point in the reception area for patients who were wheelchair users. Adapted toilet and washroom facilities were available for patients with disabilities. GPs we spoke with told us home visits were arranged for patients who were frail or housebound and for patients with limited mobility. This showed practice was sensitive and responsive to meeting patient needs. The practice had access to a translation service should patients require it.

All staff had completed training in equality and eiversity in the last 12 months.

### Access to the service

Patients we spoke with were satisfied with the appointment system. One patient commented they had to wait for some time before they got through to a staff member, and would value a message on the phone to inform them when this happened. There were a range of appointments available to patients every weekday between the hours of 8:30am and 5.50pm. Patients were able to book appointments in person, by telephone or online. Appointments were available in a variety of formats including pre-bookable appointments, a telephone triage system, on the day and emergency appointments.

The GP national survey 2014 showed 94% patients were able to get an appointment to see or speak to someone the last time they tried and 92% patients described their experience of making an appointment as good. Ninety seven per cent patients said the last appointment they got was convenient and 79% were seen by their preferred GP.

The practice leaflet and website gave detailed information about the opening hours and the GPs that were on duty throughout the week. Information on the how to access medical treatment outside the opening hours, was available on the website and in the waiting area. The

# Are services responsive to people's needs?

## (for example, to feedback?)

practice offered an online appointment booking system for routine appointments and an online repeat prescription service. Home visits were offered to the frail and elderly to avoid them having to make difficult journeys to the practice. The practice had a population of 95% of English speaking patients and had access to translation services should the need arise.

There were arrangements to ensure patients received urgent medical assistance when the practice was closed. This was provided by an Out of Hours service. If patients called the practice when it closed, there was an answerphone message giving the telephone number they should ring depending on the circumstances.

### **Listening and learning from concerns & complaints**

The practice had a system in place for handling complaints and concerns. Their complaints policy was in line with recognised guidance and contractual obligations for GPs in England and there was a designated responsible person who handled all complaints in the practice.

Information on how to make a complaint was provided on the practice website and practice leaflet. We noted a complaint could be raised by speaking with a GP, contacting the practice manager or any other staff member. The practice had a complaints procedure and this was displayed in the waiting area. This allowed patients to make an anonymous complaint as they were able to provide the information discreetly.

The practice had systems to review complaints received by the practice and ensured they had learnt from them. All incoming complaints were reviewed during the next clinical meeting. The GP partners and practice manager carried out an annual review of all complaints to identify any patterns and shared the learning with the GPs and nurses. The minutes of these meetings demonstrated a discussion of the complaints and the relevant learning points. For example, the practice had received a complaint where photograph had been taken to support diagnosis. This was discussed with the staff and they were reminded verbal consent was not acceptable and that any photographs were to be taken on practice provided equipment. The practice protocols for taking medical photographs were reviewed. We saw evidence consent forms were devised for GPs and nurses to use for all photography/video recording during consultations. This incident was also discussed as a significant event and learning was shared with all GPs and nursing staff.

We found no evidence of complaints being discussed with the reception and administration staff. This was supported by the administration staff we spoke with.

The practice also submitted a report on complaints received by the practice to the NHS England, on an annual basis.

# Are services well-led?

(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 focus to deliver high quality care and promote good outcomes for patients. We found details of the vision and practice values were part of the two year business plan.

The practice aimed to provide patients with local outcome based, cost effective health services both now and for the future. The practice was aware of the challenges that would require action in the future regarding the patient population and the needs of that population. Staff told us Bracknell town was a growing town, with plans for major redevelopment and housing in the future. The practice was developing a plan to adapt to these future demands.

### **Governance Arrangements**

Staff had clear areas of responsibilities and knew who to approach for advice when required. The GP partners had specific business interests and responsibilities. For example, one GP partner maintained an overview of the business and was responsible for finance and recruitment. Another GP, who had business qualifications, explored business opportunities for the practice. A third GP was responsible for all the training within the practice. The practice had comprehensive policies and procedures and were accessible by all staff electronically.

The practice used the Quality and Outcomes Framework (QOF) to measure their performance. The QOF data for this practice showed they were performing in line with national standards. We saw evidence QOF data was regularly reviewed and discussed in team meetings and actions plans were implemented to improve outcomes.

### **Leadership, openness and transparency**

The practice had a clear leadership structure which had named members of staff in lead roles. For example, the senior GP partner was the children and adult safeguarding lead and the health care assistant (HCA) was the infection control lead. The HCA received support from the nursing team with this role. All staff we spoke with were clear about their own roles and responsibilities. Staff told us they were

supported by a strong and passionate management team. All staff we spoke with knew how and who to approach for advice if a concern arose. Staff told us there was open culture within the practice and they felt valued and well supported.

### **Practice seeks and acts on feedback from users, public and staff**

The practice involved patients in improving the services they provided to them. This was achieved in various ways, such as patient survey and PPG. We looked at results of the practice patient survey, where many patients commented the need for changes to methods of making an appointment. As a result of the feedback the practice had introduced an online booking system. We also looked at the results for GP survey 2014, which highlighted low results for the nursing team, in particular for communication between the nursing team and patients. The results were shared with the nursing team in the next clinical meeting. Communication styles and skills were discussed and nursing staff were supported with additional training or support they required to address these concerns.

The practice had a patient participation group (PPG). We were provided with evidence which showed analysis of the last patient survey which was considered in conjunction with the PPG. The results and action of these surveys were available on the practice website. We found all PPG meetings and action plans were also available on practice website.

### **Management lead through learning & improvement**

All staff had regular training and development opportunities. Staff had received regular supervision and appraisal to discuss individual support needed to develop their knowledge and skills. Staff we spoke with told us the practice encouraged staff to seek further training to ensure they were able to perform their duties using up to date skills and practice. The GPs and nursing staff had access to new legislation and changes through team meetings.

The practice was a GP training practice and completed self-assessments to confirm their ongoing suitability to support doctors in training.