

Bluebell Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Bluebell Surgery on 17 November 2015. Overall the practice is rated as good.

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

- Staff knew how to raise concerns, and report safety incidents. Information about safety was recorded, monitored, and reviewed to identify trends or recurring themes.
- Risks to patients were assessed on a daily basis, well managed and reviewed to identify any trends or recurring themes.
- Patient care was planned and provided in a way that reflected best practice and recommended current clinical guidance.
- Staff had received training appropriate for their roles and further training had been encouraged, recognised and planned.
- Patients told us they were treated well with consideration, dignity and respect and involved in the

decisions about their care and treatment. All the patients we spoke with on the day told us it was a friendly, family orientated practice and all the staff were caring and helpful.

- Information regarding how to complain about the practice was available to patients in a leaflet and on the website this was easy to understand and comprehensive.
- The practice staff members had received training regarding safeguarding children and vulnerable adults and knew who to contact with any concerns.
- The practice was adequately equipped to treat patients and meet their requirements. The equipment had been checked and maintained to ensure it was safe for use.
- The practice had a Patient Participation Group (PPG) that supported the practice offering their opinions regarding suggestions for practice improvement.

The leadership structure at the practice was well-established and all the staff members we spoke with told us they felt supported in their working roles by both the practice manager and the GPs.

Summary of findings

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.

- Significant events were reported and recorded at the practice and shared with the staff to ensure action was taken to improve safety and lessons were learnt.
- When safety incidents occurred, actions were taken to improve practice processes and prevent future incidents. Those involved received an explanation or apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and documented.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed on a daily basis and were well managed.

The practice fire equipment was appropriate and had been checked to ensure it was safe. Fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average in comparison with local and national practices. For example the number of patients with a dementia diagnosis who had received a face to face review in the last 12 months was above the CCG and national average rates. The practice scored 100% compared to the CCG average of 80.2% and a national average of 84%.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that appraisals were going to take place in the next few days and staff had been provided pre-appraisal documentation.

Staff communicated with multidisciplinary teams to understand and meet the range and complexity of people's needs. For example the midwives shared the same building with the practice and the practice clinicians had a good working relationship.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice much higher than others for aspects of care. For example 88.7% of respondents in the patient survey published on 2 July 2015 said the last GP they saw or spoke to was good at treating them with care and concern compared to 83.8% locally and 85.1% nationally.
- Patients told us on the cards left at the practice by the CQC 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 in the practice leaflet and on the website.

We also observed staff treat patients with kindness and respect, and maintained their confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had appropriate facilities and was suitably equipped to treat patients and was able to meet their needs.

Information about how to complain was available in a comprehensive leaflet at the practice, on the website, and in an easy to understand format. The practice had not received any complaints for over a year. The staff told us that the practice manager always came to speak with anyone that wanted to make a verbal complaint and was able to defuse the situation. The practice could not evidence any verbal complaints.

Good



Are services well-led?

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

- The practice had a mission statement to provide high quality care to their patients through health promotion education and appropriate treatment.
- There was a clear leadership structure and staff told us they felt supported by the practice manager and GPs.
- The practice had a number of policies and procedures to provide guidance to staff and support the governance of the practice.
- There were assessment systems in place to monitor and identify patients' and staff members' potential risks.

Good



Summary of findings

- The GPs encouraged a culture of openness and honesty. Staff members told us the GPs were approachable.

The practice sought feedback from staff members and patients, through the practice patient participation group.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had a very small population of older patients which enabled the team to engage with them fully, and offer a proactive, personalised care to meet their needs.
- Home visits were offered and urgent appointments for those with enhanced needs.
- The practice used the admission avoidance scheme to ensure patient care plans were formalised for many older patients.
- Senior health checks were undertaken to provide preventative health care for this population group.

GPs had built strong relationships with older patients and their families over time. They felt able to offer and anticipate problems and deal with them without raising undue concern for the patient or families involved.

People with long term conditions

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

Good



- Clinicians within the practice held lead roles in the management of chronic disease. Patients at risk of hospital admissions were identified and provided a robust care plan.
- The practice scored higher than national average scores for diabetes related indicators in most areas with the exception of one indicator. This related to the number of diabetic patients who had their cholesterol measured in the preceding 12 months. This was significantly lower than national average rates with the practice scoring 60.87% compared with the national average of 81.6%. The practice told us that due to their small register this had a big impact on the practice percentages. We were assured they were looking at improving this for the future.
- Longer appointments and home visits were available for this population group when needed.

All patients with long-term conditions had a named GP and an annual review to check their health and medicine needs were being met. For people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care. We saw evidence this was taking place.

Summary of findings

Families, children and young people

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

Good



- This was the largest proportion of the practice demographics. They had developed a number of systems and processes to ensure they were proactive for this population group.
- The practice checked and followed-up children living who may be at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- Patients told us their children were treated and spoken with in an age-appropriate manner and recognised as individuals.
- Cervical screening data for eligible women registered at the practice was in line with national average scores. The practice scored 80.13% compared to the national average of 81.88% (2014-2015).
- A variety of appointments were available outside school hours and the premises were suitable and had been adapted for children and babies. We saw that the GPs were as flexible as possible to enable children to be seen promptly and review them on the same day if needed.
- We saw excellent examples of joint working with midwives, health visitors and school nurses. Working closely with the local maternity services, supporting and working alongside the midwives to provide antenatal and post-natal care.
- Communication with the Health Visitor team was accessible on a daily basis due to them working in the same building to assist with any circumstances regarding families.
- One of the GPs was trained in minor surgery and worked alongside the nurses to provide this service within the surgery. This provided patients treatment closer to home and, reduced the waiting time in preference to secondary care.

A female GP attended the surgery once a week that could offer intrauterine contraceptive fitting and the nurses were able to deliver basic contraception care. They offered sexual health and contraceptive advice and service for young people.

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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted their services.

Summary of findings

- The practice offered flexible continuity of care to ensure they were accessible for this population group.
- Extended hours on the Monday and Wednesday evening sessions gave greater access to the practice working population.
- The practice offered online services to book appointments and request repeat prescriptions. They also provided a full range of health promotion and screening that reflected the needs of this age group.

Health checks were offered to those over 40 and a similar health check was available to all registered patients. The practice told us they had a good uptake for these checks.

People whose circumstances may make them vulnerable

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

- The practice had a register of patients living in vulnerable circumstances including, travellers, those in residential care and those with a learning disability.
- Longer appointments were offered to vulnerable people and those with a learning disability.
- The practice worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children. Staff members were also aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and who to contact when needed.

Patients had access to a GP care-advisor at the practice to help them with any queries or issues they had when claiming benefits.

Good



People experiencing poor mental health (including people with dementia)

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

- Mental health related data we hold shows the practice achieved higher than national average scores for these patients. For example the practice scored 100% for the number of face to face reviews performed for patients diagnosed with dementia compared with the national average rate of 83.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

Good



Summary of findings

- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- The practice also had a procedure to see patients within this population group more regularly in response to their needs

Staff had a good understanding of how to support people with mental health needs and dementia.

Summary of findings

What people who use the service say

The latest national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 451 survey forms were distributed and 103 were returned.

- 97.5% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 72.7% and a national average of 73.3%.
- 95.5% of respondents found the receptionists at this surgery helpful (CCG average 85.6%, national average 86.6 %%).
- 94.3% of respondents were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.6%, national average 85.2%).
- 94.9% of respondents said the last appointment they got was convenient (CCG average 92.6%, national average 91.8%).

- 94.8% of respondents described their experience of making an appointment as good (CCG average 72%, national average 73.3%).
- 77.9% of respondents usually waited 15 minutes or less after their appointment time to be seen (CCG average 59.3%, national average 64.8%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 15 comment cards which were all positive about the standard of care received. Patients told us repeatedly how helpful every member of staff was at the practice. They also commented on the cleanliness of the practice and how tidy they always found it.

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

Bluebell 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 advisor, a second CQC inspector, and a practice manager specialist advisor.

Background to Bluebell Surgery

Bluebell Surgery is situated on the outskirts of Colchester, Essex. The practice is one of 44 practices in the North East Essex Clinical Commissioning Group. The practice holds a General Medical Services contract with the NHS. There are approximately 3400 patients registered at the practice.

The practice is a single-handed male GP surgery that employs a part-time regular locum female GP. They are supported by two practice nurses, a practice manager, and three administrative and reception members of staff. Support staff members at the practice work a range of hours including full and part-time.

The practice opening hours are 8am to 6.30pm Tuesday, Thursday, Friday and 8am to 7.30pm Monday and Wednesday. The surgery doors are closed between 12.30pm and 1.30pm although the telephone line remains open for patient calls.

The practice has opted out of providing 'out of hour's' services to their own patients which is now provided by Care UK, an 'Out of hours' healthcare provider. Patients can also contact the NHS 111 service to obtain medical advice if necessary.

The practice is registered to provide the following regulated activities: diagnostic and screening procedures, family planning, maternity and midwifery services, surgical procedures, and treatment of disease, disorder or injury. They hold directed enhanced services (DES's); a DES is a service which requires an enhanced level of service provision above what is required under their core contracts. They hold DES's for; the childhood vaccination, immunisation scheme, influenza and pneumococcal immunisations, extended hours access, minor surgery, patient participation, and remote care monitoring.

This practice has not been inspected previously by the Care Quality Commission.

The practice website was comprehensive and gave patients access to; on line repeat prescription requests, appointment booking, and the ability to update their details if needed. There was information regarding the opening times and the services available, and the patient reference group work. The website encouraged patients to give their feedback with regards to the practice service, and an A-Z healthcare guide and useful links to live well. This information was up to date and had been reviewed.

Why we carried out this inspection

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

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked healthcare professionals and organisations to share what they knew. We carried out an announced visit on 17 November 2015. During our visit we:

- Spoke with a range of staff members these included the GPs, the practice nurses, the practice manager, and the administrative staff members. We also spoke with patients who were attending the practice that day and members of the practice patient participation group (PPG). A PPG is a group of patients registered with a practice who work with the practice to improve services and the quality of care.
- Observed how people were treated by receptionists and talked with carers and/or family members.
- Reviewed the practice policies and procedures.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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 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
- 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 procedure in place for reporting and recording significant events. We saw evidence of the process used at the practice.

- We were told by staff members they would notify the practice manager if an incident arose. Staff members knew the process and were incidents were recorded on the practice computer system.
- The practice manager reviewed any significant events regularly to ensure there were no trends or themes.

We viewed the practice safety records, incident reports, and the process at the practice to deal with national patient safety alerts. Lessons were shared from dealing with incidents to ensure the action taken improved safety in the practice. For example; when a laboratory phoned the practice late one evening after the GPs had left the premises, a receptionist was given a blood result for a patient taking a blood thinning medication and not told how important this was to let the GP know. The practice procedure now is to request the urgency of the information to inform the GP from the laboratory staff.

When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology, and are told about any actions the practice has put in place to improve procedures to prevent the same thing happening again.

Overview of safety systems and processes

The practice had set systems and processes in place to keep people safe and safeguarded from abuse, which included:

- Measures were in place to safeguard children and vulnerable adults from abuse that reflected the practice policy with relevant legislation and local requirements. These policies were available and accessible to all staff members. There was local contact guidance if staff had concerns about a patient's welfare. The GP was the safeguarding lead at the practice and staff members knew their responsibility. The GPs attended

safeguarding meetings when possible and provided reports when needed for other agencies. Staff had received training relevant to their role and the GPs were trained to 'Safeguarding level 3'.

- Chaperones were available to patients if they required them and there were notices in the waiting room to inform patients. Staff who acted as chaperones were trained for the role and the practice was in the process of ensuring these staff members had received a disclosure and barring check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene, and the premises was seen to be clean and tidy. There was a GP and Nurse lead for infection control identified within the practice policy; they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control policy in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- There were suitable arrangements for managing medicines, this included emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, checking, handling, storing and security). Prescription pads were securely stored and there was a recording process to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- The practice was going through the process of recruiting new members of staff and we found that appropriate recruitment checks were being undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body (if required) and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

We saw that risks to patients were being assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety and these

Are services safe?

were recorded in the practice diary and checked every morning. There was a health and safety policy available with a current poster in the reception office. The practice had up to date fire risk assessments and carried out regular fire drills. 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 also had a variety of other risk assessments in place to monitor safety of the premises such as cleaning and decontamination processes, infection control and legionella. Legionella is a bacterium that can grow in contaminated water and can be potentially fatal.

- Arrangements were also in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. The staff told us they covered one another during sickness and annual leave periods, which was written into their contracts.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the practice computers in all the consultation and treatment rooms which alerted staff if an emergency occurred.
- All staff had received annual basic life support training and there were safe emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and staff knew the location. All the medicines we checked were in date and safe for use.

The practice had a business continuity plan in place for should major incidents occur such as power failure or building damage. The plan included emergency contact numbers for staff members to access.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinicians at the practice assessed and delivered patient care in line with relevant and current evidence based guidance, 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 on their computer desktops and used this information to deliver care and treatment.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. For example; referrals for cancer patients which showed that new processes employed for improved vigilance at the practice ensured nil delay to patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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 97.5% % of the total number of points available, with 14.4% exception reporting. This was not considered high for a small practice with small numbers of people on their registers. This practice was not an outlier for any QOF (or other national) clinical targets in fact data from 2014/2015 showed the percentages to be higher in comparison;

- Performance for diabetes related indicators was better than the CCG and national average. The practice scored 96.5% compared to the CCG average of 82.5% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was similar to the CCG and national average. The practice scored 82.1% compared to CCG score of 83.2% and national average of 83.6%.
- Performance for mental health related indicators was better than the CCG and national average. The practice scored 96.2% overall compared with the CCG average of 90.9% and national rate of 92.8%.

- The number of patients with a dementia diagnosis who had received a face to face review in the last 12 months was above the CCG and national average rates. The practice scored 100% compared to the CCG average of 80.2% and a national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a renewed effort to ensure the recording of consent for procedures being undertaken at the practice. The second cycle of audit showed consent was recorded for every procedure correctly implying the new processes were working well.

Effective staffing

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

- The practice had recently updated their induction programme for new staff that were in the process of being appointed. The induction programme covered topics such as safeguarding, human resources guidance, fire safety, health and safety and confidentiality.
- The practice could demonstrate role-specific training and updating for relevant staff members e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- The learning needs of staff were identified through appraisals. Staff had access to appropriate training to meet their learning needs. This included appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 18 months and we were shown the pre-appraisal paperwork that had been given to staff members due to receive appraisals imminently.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. We saw staff had access to external and in-house training.

Coordinating patient care and information sharing

Are services effective?

(for example, treatment is effective)

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 people to other services.

Practice staff worked together with other health and social care service professionals to review and understand people's needs, and to assess and plan on-going joint care and treatment. This included when people moved between services, for example when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary communications took place on a regular basis and that care plans were routinely reviewed and updated. The practice told us because they were small and had relatively small numbers of palliative and complex needs patients; they could offer specific, proactive care, when patients and family needed support the most.

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 an assessment of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity. We were told this was recorded in the patient's records.
- The process for seeking consent was monitored through patient records and a recent audit to ensure the practice met responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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. Patients requiring advice on their diet, smoking and alcohol cessation were signposted to relevant services and treated on an ad-hoc basis during regular appointments with clinicians.

The practice had a system for ensuring results were received for every sample sent as part of the cervical screening programme. There was a procedure to offer telephone reminders by practice staff for patients who did not attend for their cervical screening test. The practice uptake for the cervical screening programme in 2014/2015 was 80.13%, which was comparable to the national average of 81.88%. The practice also encouraged its patients through literature in the practice 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 95.2% to 97.2% and five year olds from 86.6% to 96.2%. Flu vaccination rates for the over 65s were 63.82% (2014/2015). This was below the national average of 73.24%; however the practice felt this was due to the small numbers of people at the practice that could impact on their figures.

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. The practice had been congratulated for reaching their allocated target for completed health checks by the local NHS Health Check Team. Appropriate follow-ups on the outcomes of health assessments and checks were made, and where abnormalities or risk factors were identified patients were treated accordingly.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were polite and very helpful to patients and treated people 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 and those conversations could not be overheard in these rooms.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 15 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with five members of the patient participation group who were complimentary about the impact they felt able to achieve at the practice. All 11 of the patients we spoke with told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also told us that both the clinical and non-clinical staff members were approachable, committed and caring. Comment cards highlighted that staff responded compassionately when they needed help and provided support as and when required.

Results from the national GP patient survey published on 2 July 2015 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 91% of respondents said the GP was good at listening to them compared to the CCG average of 86.7% and national average of 88.6%.
- 90.5% of respondents said the GP gave them enough time (CCG average 85.7%, national average 86.6%).
- 97.1% of respondents said they had confidence and trust in the last GP they saw (CCG average 94.5%, national average 95.2%)

- 88.7% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83.8%, national average 85.1%).
- 88.7% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.8%, national average 90.4%).
- 95.5% of respondents said they found the receptionists at the practice helpful (CCG average 85.6%, national average 86.6%)

Care planning and involvement in decisions about care and treatment

Patients told us that 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 published on 2 July 2015 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87.8% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83.7% and national average of 86%.
- 88% of respondents said the last GP they saw was good at involving them in decisions about their care (CCG average 79.9%, national average 81.4%)

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. There was written information available to direct carers to various avenues of support available to them within the practice, and useful links and information available on the practice website.

Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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 worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient population groups and the demand need for the practice services. The practice engaged with the local Clinical Commissioning Group (CCG) to secure improvements to local services.

- The practice offered extended hours Monday and Wednesday evenings until 7.30pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- There were accessible facilities were available including adapted toilet facilities, baby changing facilities, hearing loop, and translation services.
- The practice reviewed the results from patient surveys, PPG comments and adapted the appointments system to take these into account.
- We were told; due to the small population size at the practice the GP's had developed effective relationships with the local palliative care and hospice teams. They had found they were able to discuss patients on the practice end of life register confidently due to their robust patient knowledge. This included both the patients and their families' wishes.
- The practice engaged with preventive healthcare and was proactive in their delivery of senior health checks.
- Due to the large proportion of the practice demographics being between 29 – 40 years old and 0 – 9 years old they offer a variety of appointments to provide greater ease of access for families.

Access to the service

The practice opening hours are 8am to 6.30pm Tuesday, Thursday, Friday and 8am to 7.30pm Monday and Wednesday. The surgery doors are closed between 12.30pm and 1.30pm although the telephone line remains open for patient calls.

Results from the national GP patient survey published on 2 July 2015 showed that patient's satisfaction with how they could access care and treatment was higher than local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 84.7% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.2% and national average of 73.8%.
- 97.5% of patients said they could get through easily to the surgery by phone (CCG average 72.7%, national average 73.3%).
- 94.8% of patients described their experience of making an appointment as good (CCG average 72%, national average 73.3%).
- 77.9% of patients said they usually waited 15 minutes or less after their appointment time (CCG average 59.3%, national average 64.8%).

Listening and learning from concerns and complaints

The practice had a 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 within the waiting room and on the practice website to help patients understand the complaints system.

The practice had not received any complaints in the last 12 months. The staff told us that the practice manager always came to speak with anyone that wanted to make a verbal complaint and was able to defuse the situation. The practice could not evidence any verbal complaints, but said they would record these for the future.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and ethos, which was described in the practice Statement of Purpose. The ethos within the practice was to provide personalised high quality care for all its patients. Patients had access to GPs throughout the day with face to face appointments or with advice over the telephone. The strategy included planning for the future and staff members were clear about the vision and their responsibilities in relation to this. Information about the practice was available to patients.

- The practice had a robust strategy and supporting business plan which reflected the practice future planning.

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:

- The staff members were aware of their own roles and responsibilities with the practice internal staff structure.
- Practice policies were available to all staff and in the process of being reviewed.
- An understanding of the practice performance in relation to clinical and patient satisfaction was used by the practice to improve service delivery.
- A programme of continuous internal audit was used to monitor quality and to make developments.
- There were robust arrangements for identifying, recording and managing risks which was carried out on a daily basis. Any mitigating risks were recognised and we saw these had been dealt with.

Leadership, openness and transparency

The GP at the practice had the experience, capacity and capability to run the practice and ensure high quality care. The GP prioritised safe, high quality and compassionate care. The GPs that worked in the practice were visible and staff told us that they were approachable and always took the time to listen to members of staff.

The GP was aware of and complied with the requirements of the Duty of Candour and encouraged a culture of openness and honesty. The practice had a system in place for recognising notifiable safety incidents and dealing with them safely.

When there were unexpected or unintended safety incidents:

- The practice gives those involved support, were truthful with any information and a verbal and written apology if this was required.
- They intended for the future to keep written records of any verbal interactions as well as written correspondence regarding incidents or complaints.

Staff members told us they felt supported by management.

- Staff told us that the practice held meetings when needed, although being so small the practice manager updated staff members on a one to one basis through the task system on the computers and daily communications.
- Staff told us they had the opportunity to raise any issues at any time and were confident to do so.
- Staff said they felt respected, valued and supported, particularly by the GPs working at the practice. Staff members were involved in discussions regarding how to run, develop, and improve the practice.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service.

- It had gathered feedback from patients through surveys and informal comments and received. There was an active Patient Participation Group (PPG) which met on a regular basis. Representatives from the PPG told us that the practice listened and acted on their suggestions regarding how services could be improved.
- The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

Are services well-led?

Good 

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

- The practice had also gathered feedback from staff through discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

The practice could show their intentions for continuous learning and improvement at all levels within the practice. The practice team was open to both patient and staff opinions and valued them to improve the service they delivered.