

# Sharnbrook 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 Sharnbrook Surgery on 26 January 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the needs of patients in the community it served.
- The partners had worked hard to install an open and transparent approach to safety and a system was in place for reporting and recording significant events.
- Risks to patients were identified, assessed and appropriately managed. This included appropriate recruitment checks, clinical reviews and medicines management.
- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Results from the GP Patient Survey 2016 showed 93% patients would recommend the practice to someone new to the area.
- Information about services and how to complain was available in the waiting area and published on the practice website. Where appropriate improvements were made to the quality of care as a result of complaints and concerns. Outcomes were shared and learning opportunities identified as appropriate.
- Appointments were readily available. Urgent appointments were available the same day, although not always with the patients named or usual GP. 91% of patients described their experience of making an appointment as good.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

# Summary of findings

- The practice offered a full range of primary medical services and was able to provide pharmaceutical services to those patients on the practice list who lived more than one mile (1.6km) from their nearest pharmacy premises.
- There was a clear leadership structure and we noted there was good level of moral in the practice, staff said they felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- To introduce systems to monitor the allocation and use of prescription pads.
- To ensure dispensary errors are routinely recorded, reviewed and investigated to avoid reoccurrence.
- Continue to identify and support carers registered at the practice

**Professor Steve Field (CBE FRCP FFPH FRCGP)**

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'.
- Lessons learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes to avoid a possible repeat incident.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for infection prevention and control and security arrangements for prescriptions and medicines.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 94% of the total points available to them, for providing recommended care and treatment to their patients. This outcome matched the practice average score across England.
- Staff referred to guidance from the National Institute for Health and Care and Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- There was an ongoing programme of Clinical audits which demonstrated a commitment to quality improvement, professional development and patient care. Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.
- There was clear evidence of appraisals and personal development plans for staff.

Good



# Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 77% of patients said they usually get to speak to their preferred GP, which compared very well to a CCG average of 60% and national average of 59%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Feedback from the CQC comment cards was consistently positive. A patient told us they were impressed by the attitude and approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible, with posters and leaflets available in the practice waiting area and on the website.

Good



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 94% of patients said the receptionist at the practice were helpful, which compared well against the CCG average of 88% and a national average of 87%.
- Whilst 91% of patients described their experience of making an appointment as good, which again compared well with the CCG average of 75% and national average of 73%.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff as appropriate.

## Are services well-led?

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

- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners worked hard to encourage a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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

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

- The practice had accurate and clear information about the patients it cares for. With 1,368 patients (25%) over 65 years of age and 363 (6%) over 80 years. Most live at their own homes, some with carers or other support and 49 in residential care.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. GPs undertook regular home visits to those patients who are unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice has clear objectives to avoid hospital admissions where possible. For example, when GPs visited patients who lived in residential care homes it ensured that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with more complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held clear records of the number of patients with long term conditions. For example the practice had recorded 237 patients with diabetes, 589 with asthma and 75 with chronic obstructive pulmonary disease (COPD). These patients are seen at the surgery on a regular basis and invited to attend specialist, nurse-led clinics.
- The practice offered longer appointments to these patients and home visits were available when needed.

Good



# Summary of findings

- Arrangements were in place to ensure patients with diabetes were invited for a review of their condition twice yearly. The practice had facilities to provide blood tests prior to an extended appointment with a nurse and GP.
- 100% of the patients on the diabetes register had influenza immunization in the preceding year; August 2015 to March 2015.
- The practice had a dedicated nurse to provide annual reviews and regular checks for patients with asthma and COPD. The practice had clear targets to reduce hospital admissions for respiratory conditions. All patients who are admitted to hospital were reviewed by the practice respiratory nurse after discharge.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. The practice had links with local schools and was able to respond to emergency situations in liaison with the school nursing staff.
- 80% of women aged between 25 - 64 years of age whose notes record that a cervical screening test has been performed in the preceding five years, was similar to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice supported a number of initiatives for families with children and young people. For example, the practice hosted a weekly clinic provided by the community midwife.
- Immunisation rates for all standard childhood immunisations were broadly similar to local CCG performance averages. The practice provided weekly immunisation clinic staffed by a practice nurse and health care assistant.

Good





# Summary of findings

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

The practice is rated as good for the care of working-age people (including those recently retired and students).

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice provides a weekly surgery for NHS health checks with 178 completed for those patients aged under 65 years in 2015.
- The practice provided a phlebotomy clinic two mornings each week.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. GPs also made regular visits to patients with learning difficulties who lived at a local care home.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



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

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

- 86% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.

Good



# Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. For example, patients with memory problems were seen at the practice to undertake pre-referral checks completed before referral to the memory clinic at the local hospital.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- The practice had 51 patients recorded on the dementia register and all these patients were invited for a medication review twice annually.

# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing above many of the local CCG and national averages.

In total 235 survey forms were distributed and 130 were returned. This represented a return rate of 55% and 2.3% of the practice's patient list.

- 91% of patients found it easy to get through to this practice by phone compared to the CCG average of 77% and the national average of 73%.
- 93% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 86% and the national average of 85%.
- 94% of patients described the overall experience of this GP practice as good compared to the CCG average of 86% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 36 comment cards which were all positive about the standard of care received. Only one comment card identified an occasional delay in obtaining a follow-up appointment with a named or specific GP however, this card had also recognised the excellent quality of care provided at the practice.

Patients reported their satisfaction with the ease of making an appointment, in particular noting the telephone being answered quickly. Comments reflected the caring nature of the staff and a number of the cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst others were long standing patients.

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

## Areas for improvement

### Action the service SHOULD take to improve

- To introduce systems to monitor the allocation and use of prescription pads.
- To ensure dispensary errors are routinely recorded, reviewed and investigated to avoid reoccurrence.
- Continue to identify and support carers registered at the practice

# Sharnbrook Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser, a practice manager specialist adviser and was led by a CQC Inspector.

## Background to Sharnbrook Surgery

Sharnbrook Surgery is located in rural Bedfordshire, midway between the towns of Bedford and Rushden.

All services are provided from one registered location;

- Sharnbrook Surgery, Templars Way, Sharnbrook, Bedfordshire, MK44 1PZ.

The practice benefits from modern premises and has good facilities for patients, with ground floor reception, waiting area and consultation rooms. The building was updated in 2002 with the dispensary and consulting rooms extended. This also saw a refurbishment and enlargement of the treatment room, an additional consulting room being added and improvements to the staff and patient car parks. Administration and management offices occupy the first floor.

There are two partner GPs; (both male) and two salaried GPs; (one female and one male). The GPs are supported by two practice nurses and a health care assistant. The dispensary has four staff. Administration and management is provided by the practice manager and a team of six administrators and secretaries. The practice provides services under the auspices of a Personal Medical Services (PMS) contract; (PMS is a Contract agreed locally by Commissioning Providers)

- The practice is open between 8.30am - 6.30pm from Monday to Friday. Appointments are available from 8.30am - 11.30am and from 3.00pm - 6.00pm.
- Extended hours appointments are offered from 6:30pm - 8:00pm on Monday and Tuesday evenings. As the practice has patients who work away from the area, with some commuting into London, these later appointments are geared for patients who may not be able to attend during conventional opening times. Urgent appointments are available on the same day and patients are advised consultations may be with the duty doctor rather than a preferred or usual GP.
- The dispensary at the practice is open from 8.30am - 6.30pm, Monday to Friday.

According to national data the area is one of minimal deprivation. The practice has 5,563 registered patients. The practice population has a higher proportion of patients aged 45 - 85 years of age compared to the national average. The prevalence of patients with health related problems in daily life is 53% compared with national average of 49%.

The practice provides services to 49 patients living in two residential homes in the area, with twice weekly visits being undertaken by the partner GPs. The practice had 0.9% of its registered population living in nursing homes compared to the national average of 0.5%.

Out-of-hours services are provided to patients via the Bedfordshire out-of-hours service (BEDOC). Advice on how to access the out-of-hours service is clearly displayed on noticeboards throughout the public spaces in the waiting and reception area, on the practice website and telephone message when the surgery is closed. The BEDOC service is available from 6.30pm – 8.00am. The practice is open for emergencies and emergency calls between 8.00am and 8.30am attended by the duty doctor. Full reception and telephone facilities commence at 08.30 for the full range of reception and booking or appointments.

# Detailed findings

## Why we carried out this inspection

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

## How we carried out this inspection

In advance of our inspection visit we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

We carried out an announced visit on 26 January 2016. During our visit we:

- Spoke with a range of staff; partner GPs, Salaried GPs, practice nurse, practice manager, administration and pharmacy staff. We also spoke with patients who used the service and members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents or concerns. The incident recording process supported the recording of notifiable incidents under the duty of candour. (The Duty of Candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, appropriate information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.

The practice carried out a thorough analysis of the significant events. We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons learnt were shared and action was taken to improve safety in the practice. For example, the practice had received two complaints about the availability of appointments and the waiting time before appointments. The practice had reviewed the circumstances in each individual case and recognised that for some appointments the availability of a 'named' or preferred GP was problematic. As a result of the findings from the complaints the practice made decisions to increase routine consultation time from ten to 15 minutes, with monitoring and a review built in after three months to see if the situation had improved. The practice had also considered the possible increase in the use of locums, but had determined that the potential negative impact on the continuity of care was unreasonable and instead it was decided that current GPs would seek to extend their hours.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice had a named GP who acted as safeguarding lead. We saw that all staff were trained to appropriate levels to manage adult and child safeguarding in accordance with the needs of their role.

- A notice in the waiting area advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. The premises appeared to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had appropriate, secure arrangements in place

## Are services safe?

for the storage of blank prescriptions. However, we identified that staff were not keeping a log of prescription pad serial numbers, their allocation and usage.

- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development.
- Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. However, we saw that as part of a Dispensing Service Quality Scheme (DSQS) audit the practice had highlighted some dispensary errors in 2015, but these had not also been noted in the dispensary errors log book. The practice should ensure that all dispensary errors are included in the dispensary error book.
- Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had clear procedures in place to manage them safely. There were also appropriate arrangements in place for the destruction of controlled drugs.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk

assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We saw that one of the three oxygen cylinders present on the premises had expired in October 2015. However, by the completion of our inspection site visit the out-of-date cylinder had been disposed of and replaced.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was available via an internet service accessible from outside the practice.



# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results demonstrated that the practice achieved 94% of the total number of points available. The performance of the practice was broadly comparable to national averages in all domains and, with an overall exception reporting rate of 7%, the practice was not an outlier for any of the QOF (or other national) clinical targets. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was broadly similar to the national average. The practice achieving overall 79% with the national average 83%.

Within these results, there were some variations in performance evident:

- For example the practice scored 100% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2014 to 31 March 2015. This compared well to the national average of 94%.

- The number of patients with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 71% against a national average of 80%.

The practice had provided dedicated clinics for patients with diabetes since 1986. These had worked to address patient needs and regular review and monitoring was in place to identify and implement improvement wherever possible.

- Performance for mental health related indicators was again broadly similar to the national average, with the practice recording 87% and the national average 89%.

The practice again achieved a range of outcomes within the individual measures:

- For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2014 to 31 March 2015) was 100%. This compared well against the national average of 90%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01 April 2014 to 31 March 2015) was 72%, while the national average was 88%.

The practice had 51 patients on the dementia register and had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit.

- There had been 16 clinical audits completed in the last two years, 13 of these were completed audits where the improvements made were implemented and monitored.

Three audits were still ongoing. The practice had plans for two audits scheduled within the forthcoming three months.

- The practice participated appropriately in local audits, national benchmarking, and peer review and research.



# Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result included outcomes from audits which reviewed the prescribing of antibiotics for female patients with urinary tract infections and the Vitamin B12 deficiency in diabetic patients. The practice found that all female patients included in the review had been given appropriate medicines. In particular, for three patients who were pregnant the audit identified how a three day treatment course was beneficial. A follow up review was planned for later in 2016.
- In the second audit we reviewed we found that the practice had undertaken annual audits of patients with diabetes prescribed certain medication and using Vitamin B12 supplements since 2012 and this had shown a progressive rise from 3.4% in 2012 to a high of 7.3% in 2015 and a drop to 6.3% in 2016. This meant that the practice had considered the possible impact of medication on patients and had sought to address any concerns.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, with protected learning time assured each month.

## Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

## Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

## Effective staffing

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

- The practice had a comprehensive three month induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions the practice had a dedicated, qualified nurse dealing with patients with Asthma and COPD. The practice also had a member of staff trained as a counsellor to provide care and support following bereavement.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

# Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

## Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- Smoking and alcohol cessation advice was available from a local support group.
- A counsellor was available at the practice for recently bereaved patients.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. The practice would seek to issue reminder to patients who did not attend for their cervical screening test. The

practice was able to encourage uptake of the screening programme by using information in different languages if required and for those with a learning disability. They ensured a female sample taker was available.

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 95% and five year olds from 94% to 98%.

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

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

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

All of the 36 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Some cards identified named members of staff as providing exceptional care and support.

We spoke with two members of the patient participation group (PPG). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%

- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%

The practice regularly reviewed the outcomes of the survey and sought to implement improvements or changes to services to align with feedback wherever possible.

For example, the survey noted some comments regarding the surgery opening times. The feedback commented that the surgery did not open later than 6.30pm and later opening would be convenient. The practice already had extended opening to 8.00pm on two days of the week. It was not considered possible to increase the number of days where extended hours were available, but additional publicity was made available to ensure patients were aware of the existing extended hours provision, with information made widely available with clear signs in the waiting area and updates on the practice website. Results from the GP patient survey showed that 76% of patients were satisfied with the practice's opening hours, which was the same as the CCG and similar to the national average of 78%.

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

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

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

## Are services caring?

- 81% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% to the national average of 82%.
- 84% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

The practice had proactively reviewed and analysed the outcomes of the survey and had celebrated positive results with staff and sought to address any possible areas for improvement and developments.

The practice provided facilities to help patients be involved in decisions about their care:

- Although the majority of patients at the practice were not from minority groups, staff were aware of the availability of translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 24 patients as carers (0.5% of the practice list). Written information was available to direct carers to the various avenues of support available to them. Although the practice had a lower than anticipated number of carers recorded, we saw that there had been numerous development to services to meet the needs of the patients. For example, the GPs undertook regular home visits to patients who were unable to attend the surgery personally. The practice also had 'named' GPs for each of the residential care homes to which they provided services, which ensured the continuity of care for patients. The practice also had access to a 'Carers Pack', which provided details of additional support available for carers and support services within the area. This included informal support and links to local groups for Young Carers and information and advice about eligibility for benefits payments and allowances.

The practice had access to a member of staff who had trained as a counsellor. Staff told us that if families had suffered bereavement, their usual GP contacted them and this was followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a suitable support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

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

- The practice offered extended hours on a Monday and Tuesday evening until 8.30pm for working patients who could not attend during normal opening hours. The practice had recognised a need for patients who worked away from the area, with many regularly commuting to London.
- There were longer appointments available for patients with a learning disability.
- The practice employed both male and female GPs; therefore patients could choose to see a male or female GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits to three residential care and nursing homes and for people with learning disabilities.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided toilets, baby changing facilities and a separate buggy park for those patients who required them.
- There were disabled toilet facilities, a hearing loop and translation services were available for those patients who required them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice was open between 08.30am and 6.30pm Monday to Friday. Appointments were from 08.30am to 11.30am every morning and 3.00pm to 6.00pm daily. Extended hours appointments were offered from 6.30pm to 8.00pm on Monday and Tuesday evenings. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 76% of patients were satisfied with the practice's opening hours compared to the local CCG average of 76% and the national average of 78%.
- 91% of patients said they could get through easily to the practice by phone compared to the local CCG average of 77% and the national average of 73%.
- 91% of patients said their experience of making an appointment as good, compared to the local CCG average of 75% and national average of 73%.
- 46% of patients said they did not normally have to wait too long to be seen. This compared to the local CCG average of 56% and the national average of 58%.

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

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

In order to establish the needs of the patients' information might be taken by a receptionist or a nurse staff member. Information would be assessed by a clinician and a telephone consultation could be undertaken prior to determine the seriousness of the request and to make arrangements for urgent attention to be made available according to clinical needs of the patient. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### Listening and learning from concerns and complaints

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

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

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

information leaflet, a separate complaint leaflet and information about how to provide feedback or to complain was available within the practice and on the website.

We looked at six complaints received in the last 12 months and found that all of these had been well managed. We saw that feedback was welcomed and encouraged by the practice. Complaints and concerns were investigated and findings shared with patients and staff appropriately.

Written responses to complainants were presented well and the process appeared transparent and timely. Where lessons were learnt from individual concerns and complaints and also from analysis of trends action was taken to as a result to improve the quality of care. For example, in response to a patient's concern about arrangements for making an 'on-the-day' appointment the practice had reviewed arrangements for the duty doctor system and how the time for appointments was managed.



# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The stability of the staff group was recognised by the practice as a positive element of continuity of delivery care to the patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback about the possible development of patient facilities and expansion of the building had been discussed and reported to the partners and practice manager.

- The practice sought to gather feedback through staff meetings, personal supervision sessions and at annual appraisal and ad-hoc opportunities.

# Are services well-led?

Good 

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

- Staff told us they felt confident in making suggestions and that their involvement was welcomed by partners.
- Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and engaged with local pilot schemes to improve outcomes for patients in the area.
- Developments locally had meant links with new organisations had been created and developed over time. For example, the practice told us they maintained positive professional dialogue with the neighbouring pharmacy, which had opened in the village.
- The practice provided support for staff to undertake relevant personal and professional development training.
- The partners had long term development and expansion plans for the practice.