

# Corner Ways 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

## Contents

### Summary of this inspection

Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10

### Detailed findings from this inspection

Our inspection team	11
Background to Corner Ways Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Corner Ways Surgery on 17 February 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed. However, some staff were unclear about their responsibilities under the practice Chaperone Policy.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
  - Feedback from patients about their care was consistently and strongly positive.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.

The areas where the provider should make improvement are:

- The provider should ensure that all staff are aware of and comply with the practice Chaperone Policy.

# Summary of findings

- The provider should ensure there is a system in place for the safe storage and monitoring of prescription pads and blank prescriptions in printers.
- The provider should review the fire safety arrangements in the practice to ensure all staff are aware of the procedure to follow in the event of a fire.

**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.

Good



- There was a system in place for reporting and recording significant events and staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information and a verbal or written apology. Patients were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Our findings at inspection showed that systems were in place to ensure that clinicians were up to date with National Institute for Health and Care Excellence (NICE) guidelines. We also saw evidence, from clinical audits, to confirm that these guidelines were positively influencing and improving practice and outcomes for patients.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for most aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- Comments from patients about the care and support received from their GP were positive.
- Information for patients about the services available was easy to understand and accessible.
- We observed that staff treated patients with kindness and respect, and maintained patient confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- Patients said that they were able to make an appointment with a named GP and there was continuity of care. Urgent appointments were always made available to patients when requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

## Are services well-led?

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

Good



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

# Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents 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 and it had an active patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels. Staff had received regular appraisals.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- All patients over 75 years have been allocated a named GP and were invited to attend an annual health check.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those who required them. Home visits for flu vaccination was also available for patients who required it.
- Longer appointments and home visits were available for older people when needed. This was acknowledged positively in feedback from patients.
- Nationally reported data showed that most outcomes for patients with conditions commonly found in older people were higher than the CCG and national average.

Good



### People with long term conditions

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

- Nursing staff worked in collaboration with GPs in the management of long term conditions.
- Patients at risk of frequent hospital admission were identified and followed up as a priority. Regular meetings were held to review unplanned admissions. Meetings were minuted and information shared as appropriate.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions were offered a structured annual review to ensure that their health and medicines needs were being met. For those patients with the most complex needs the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nationally reported data showed that outcomes for patients with diabetes were higher than the CCG and national average.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were comparable with the CCG average for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- We saw positive examples of joint working with health visitors and midwives. The health visitor and midwife held weekly clinics at the surgery. The GP lead for safeguarding children held a weekly meeting with the health visitor to review any families of concern.
- Cervical screening rates were higher than the CCG average.
- The practice had achieved the highest screening rate for chlamydia screening in Bromley CCG in 2014/15.
- Appointments were available outside of school hours.
- The premises were suitable for children and babies and baby feeding and changing facilities were available if required. However, mothers with young babies informed us that there was nowhere to park pushchairs securely in or outside the premises.

## 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 had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability if requested.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.

Good



# Summary of findings

- 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.
- Annual health checks for people with a learning disability had recently been implemented.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.

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

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

- The percentage of patients with diagnosed poor mental health who had a comprehensive agreed care plan in the last 12 months was 92.1%. This was comparable to the national average of 88.5%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 80.8%. This was comparable to the national average of 84.0%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- There was up to date information available in the waiting area informing patients about various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing better than the national average in most areas. Of the 240 survey forms distributed 115 forms were returned. This was a higher than average response rate of 47.9%.

- The percentage of respondents who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' was 83.8% compared to a national average of 73.3%.
- The percentage of respondents who stated that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment was 88.9% compared to a national average of 76.0%.
- The percentage of respondents who described the overall experience of their GP surgery as fairly good or very good was 91.3% compared to a national average of 85.1%.
- The percentage of respondents who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 89.7% compared to a national average of 79.3%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received from the GPs and nurses. Patients described the service as excellent, caring and helpful.

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

The practice had reviewed the responses to the Friends and Family Test (FFT) in which patients were asked 'How likely are you to recommend our service to friends and family'. Of the 145 questionnaires completed only two patients had responded that they were unlikely to recommend the practice. Of the 106 comments received, 101 were positive. The five negative comments were reviewed at practice meetings to identify possible improvements to the service.

# Corner Ways Surgery

## Detailed findings

### Our inspection team

#### **Our inspection team was led by:**

a CQC Lead Inspector with a GP Specialist Adviser also present.

## Background to Corner Ways Surgery

Corner Ways Surgery is situated in a large detached two storey house converted for the sole use as a surgery. The property is located in a mainly residential area of Beckenham, in the London Borough of Bromley. Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Corner Ways Surgery was established in the current building in 1928 as the surgery and family home of the original GP. The property underwent extensive renovation in 1991 with further updates in 2013 to accommodate the changing needs of the practice and the increase in patient population.

The practice has 8611 registered patients. The practice age distribution is similar to the national average for most age groups with a lower than average rate for patients 5 to 25 years old.

The practice is registered with the CQC as a partnership. There are currently four partners. Services are provided from one location at 50 Manor Road, Beckenham, BR3 5LG. Services are delivered under a General Medical Services (GMS) contract. The practice is registered with the CQC to provide family planning; surgical procedures; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

Clinical services are provided by four full time GP partners (two female and two male) and two part-time Practice Nurses (1.2 wte). There is a Practice Manager (1.0 wte) and administrative, reception and secretarial staff (5.0 wte).

The surgery is open between 08.00 and 18.30 hours Monday to Friday. Pre-booked and urgent appointments are available Monday to Friday from 08.30 to 18.20 hours.

Extended hours are provided by the local GP Alliance Hub service. Appointments are available until 20.00 hours Monday to Friday and from 09.00 to 13.00 hours Saturday and Sunday. Appointments must be booked through the surgery. The service is staffed by GPs from the practices who are members of the GP Alliance and full access to GP electronic records is available for all consultations.

When the surgery is closed the out of hours GP services are available via NHS 111.

A practice leaflet was available and the practice website [www.cornerways.gpsurgery.net](http://www.cornerways.gpsurgery.net) included details of services provided by the surgery and within the local area.

## 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 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.

# Detailed findings

## How we carried out this inspection

We carried out an announced comprehensive inspection on 17 February 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

- Spoke with a range of staff including GPs, practice nurses, the Practice Manager and administrative staff.
- Spoke to patients who used the service and representatives from the Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

There was an effective system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and the practice carried out a thorough analysis of significant events.

We reviewed incident reports and minutes of meetings. Learning from incidents was shared to make sure action was taken to improve safety in the practice. For example, the practice implemented improvements to the complaints procedure following an incident when a complaint letter went missing and no copies had been made. All complaint letters are now copied upon receipt and the original correspondence is filed and kept by the practice manager.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. We saw that the practice adhered to the recommended timescales for responding to patient complaints.

### Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults that reflected relevant legislation. Local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for Adult Safeguarding and a lead GP for Safeguarding Children. The practice always provided reports when requested for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. All clinical staff were trained to Safeguarding Level 3.
- A notice in the waiting room advised patients that chaperones were available if required. Nursing staff acted as chaperones and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where

they may have contact with children or adults who may be vulnerable). Not all staff were clear about their responsibilities under the practice chaperone policy for the practice. However, the GP lead for safeguarding ensured us that this would be addressed immediately.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy and well maintained. The practice nurse was the infection control lead and liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and clinical staff had received up to date training. An annual infection control audit had recently been carried out and the practice was in the process of addressing the actions identified. For example, a monthly audit had been introduced to check cleaning had been performed in line with the cleaning schedule and plans were in progress to replace the carpet in the waiting room and downstairs corridors.
- The arrangements for managing medicines, including emergency drugs and vaccinations, kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy team to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Prescription pads were securely stored and but there was no system in place to monitor their use and records were not kept of batch numbers of blank electronic prescriptions placed in individual printers.
- One of the practice nurses had qualified as an independent prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines and vaccinations in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment).
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. The practice had a comprehensive Recruitment Policy which was followed. For example,

## Are services safe?

references, qualifications, registration with the appropriate professional body. Appropriate checks were carried out through the Disclosure and Barring Service for clinical staff only.

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

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception area which identified health and safety representatives. The practice carried out weekly checks to ensure the fire alarm was in working order. However, no fire evacuation drills had been carried out in the last three years and a current fire safety assessment had not been undertaken.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Annual calibration was carried out as appropriate. 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 (COSHH), and infection control and legionella assessments. (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 staffing groups to ensure that sufficient staffing levels were maintained.

### 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 electronic clinical records system to alert staff if assistance was required in an emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice 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 the details of the temporary relocation site.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. New guidelines were discussed at clinical team meetings.
- The practice monitored that guidelines were followed through 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 (2014/15) showed that the practice achieved 98.8% of the total number of points available which is five percentage points above the CCG and national average. The practice exception reporting rate of 5.2% was below the CCG average of 8.0% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 97.7% which was higher than the CCG average of 87.0% and the national average of 89.2%.
- The percentage of patients with hypertension having a blood pressure reading within acceptable limits in the preceding 12 months was 83.1%. This was similar to the CCG average of 80.0% and national average of 83.6%.
- Performance for mental health related indicators was 100% which was higher than the CCG average of 90.9% and national average of 92.8%.

### Clinical audits demonstrated quality improvement

Information about patient outcomes was used to make improvements. Five clinical audits had been conducted in the last two years where the improvements made were implemented and monitored and findings were used by the practice to improve services.

- One of these was a two-cycle completed audit aimed at reviewing the management of patients prescribed treatment for gout. An initial audit identified that GPs within the practice were not always prescribing treatment of gout in line with NICE guidelines. A practice educational event took place and a new practice policy for the management of gout was implemented. A further audit was carried out a year later which concluded that the practice had improved the management of patients with gout.
- A second completed audit carried out as a two cycle audit was aimed at improving the management of heart failure within the practice. A medicines review was undertaken for all patients with Left Ventricular Systolic Dysfunction who had been diagnosed by echocardiogram. The aim of the review was to ensure treatment was in line with NICE guidelines. Appropriate changes to prescribed doses of medicines were carried out and a second audit was carried out a year later. The changes showed a significant improvement in the management of heart failure and the outcomes for patients within the practice.

The practice also participated in local audits, national benchmarking, accreditation and peer review.

### Effective staffing

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

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

# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house and external training.

### 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.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- A range of information such as NHS patient information leaflets and information on support services were available in the waiting area and on the practice website.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred and after they were discharged from hospital. Monthly meetings were held to discuss strategies to avoid unplanned admissions. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated. These meetings were well represented by both the practice and external multidisciplinary team members. Meetings were minuted and information shared.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse would assess the patient's capacity and record the outcome of the assessment.
- Written consent for specific procedures was obtained where appropriate.

### Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Advice and signposting to relevant services was available.

- Smoking cessation advice and support was available from the practice nurses.
- The uptake for the cervical screening programme was 83.6%, which was comparable to the national average of 81.8%. The practice demonstrated how they encouraged uptake of the screening programme by following up non-attenders with test reminders. They also ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and actively encouraged patients who had failed to attend.
- Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 94% to 96% and five year olds from 88% to 96%.
- Flu vaccination rates for patients with diabetes were 89.9% which was comparable with the national average of 94.5%.
- The percentage of patients with asthma who had a review in the preceding 12 months was 76.3% which was comparable with the national average of 75.3%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included NHS health checks for people 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 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.
- Consultation and treatment room doors were closed during consultations. Conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they would offer them a private room to discuss their needs.

All of the 38 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, considerate and respectful.

We spoke with three members of the patient participation group. They told us they were satisfied with the care provided by the practice and said the dignity and privacy of patients' 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 satisfaction scores on consultations with GPs and nurses were comparable with the CCG and national average. For example:

- 87.1% said the GP was good at listening to them compared to the CCG average of 86.9% and national average of 88.6%.
- 85.9% said the GP gave them enough time compared to the CCG average of 84.0% and national average of 86.6%.
- 95.9% said they had confidence and trust in the last GP they saw compared to the CCG average of 94.8% and national average of 95.2%.
- 87.1% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 86.9% and national average of 88.6%.

- 97.1% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 90.3% and national average of 91.0%.
- 97.8% said they had confidence and trust in the last nurse they saw compared to the CCG average of 96.5% and national average of 97.1%.
- 89.8% said they found the receptionists at the practice helpful compared to the CCG average of 86.3% and national average of 86.8%.

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

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

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

- 87.0% said the last GP they saw was good at explaining tests and treatments compared to the national average of 86.0%.
- 79.9% said the last GP they saw was good at involving them in decisions about their care compared to the national average of 81.6%.
- 92.3% said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85.0%.

Staff told us that translation services were available for patients who did not have English as a first language. The practice leaflet included details of this service.

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

There were posters and leaflets in the waiting room and reception area which provided information for patients on how to access a number of support groups, organisations and services such as mental health services, young people's sexual health services and bereavement support.

## Are services caring?

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

Staff told us that if families had suffered bereavement they would be contacted by telephone. This call was either 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 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 population and engaged with the Clinical Commissioning Group (CCG) to improve services for patients in the area.

- Extended hours were not provided at the practice but appointments could be accessed through the GP Alliance Hub service. The practice were able to book appointments at the service from 16.00 to 20.00 hours Monday to Friday and from 09.00 to 11.00 hours at weekends.
- Longer appointments were available for patients who requested additional time to discuss complex issues.
- Home visits were available from the GP for older patients and patients who would benefit from them.
- Patients were able to obtain travel vaccinations available on the NHS as well as those only available privately.
- Practice facilities were accessible for disabled patients and staff told us that if patients were unable to climb the stairs the GP would carry out the consultation in a ground floor room.
- Interpreting services were available and contact details for the service were also given in the practice leaflet for patients who wished to contact them direct.
- Bereavement support was available directly from the practice or through signposting to external support services.
- Same day appointments were available for patients that required one.

### Access to the service

The practice was open between 08.00 and 18.30 hours Monday to Friday.

Appointments were available with the GP from 08.30 to 18.20 hours Monday to Friday. Urgent appointments were available daily for patients that requested them.

Pre-bookable appointments could be booked more than eight weeks in advance. These appointments could be booked by telephone, via the website or in person at reception.

Patients could contact the surgery for advice by telephone. Requests for telephone advice were responded to on the day.

If urgent appointments were unavailable or if the patient was unable to attend within normal surgery hours an appointment could be booked for the patient at the GP Alliance Hub service between 16.00 and 20.00 hours Monday to Friday or between 09.00 and 13.00 hours Saturday and Sunday.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable with or higher than the CCG and national average.

- 73.0% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 89.8% patients said they found it easy to get through to the surgery by phone compared to the national average of 73.3%.
- 64.9% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.2%.
- 88.9% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76.1%.

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

### Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The Practice Manager and one of the GP partners were the designated responsible leads for handling all complaints in the practice. Complaints and concerns were taken seriously and improvements in care were made as a result. We saw that information was available to help patients understand the complaints system.

We looked at three complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely manner. Openness and transparency was maintained when dealing with the complaints and appropriate action was taken to improve the quality of service provision. For example, a complaint was received from a patient who had been sent an invitation for a diabetes review and had been sent a blood test form with the letter which included the details of another patient. The patient was concerned that this was a

# Are services responsive to people's needs?

(for example, to feedback?)

breach of confidentiality. As a result of this incident the practice implemented a change to the procedure for sending out batch invitation letters. Two members of staff now check the letters and accompanying blood test forms before they are sent out.

# 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 a high quality and compassionate service which promoted the best possible outcomes for patients. The staff we spoke to understood and fully supported this vision.

The practice had a robust strategy and supporting business plans which reflected their 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. Effective structures and procedures were in place which 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

There was a clear leadership structure in place and staff felt supported by management. The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care was provided. They prioritised safe, high quality and compassionate care.

The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff said they felt respected, valued and supported. Staff were involved in discussions about how to run and develop the practice, and the partners encouraged members of staff to identify opportunities to improve the service.

Staff we spoke to felt there was an open culture within the practice and they had the opportunity to raise concerns. Staff told us they felt confident in doing so and felt supported if they did.

The provider was aware of and complied with the requirements of the Duty of Candour. They encouraged a culture of openness and honesty. When there were unexpected or unintended safety incidents the practice gave affected people reasonable support, truthful information and a verbal or written apology. They kept written records of verbal interactions as well as written correspondence.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met every two months. The PPG was chaired by a member of the group and attended by the GP PPG lead and the Practice Manager. An agenda, minutes and action plan were recorded for all meetings and were available for patients to view. We spoke to three representatives of the PPG who told us that they felt valued by the partners and that the partners were responsive to their suggestions for improvements or changes within the surgery. For example, to reduce the number of DNA (Did not attend) appointments experienced by the practice the PPG had suggested that a letter from the PPG be sent out by the practice to all patients who consistently failed to attend booked appointments. A poster and letter was created by the PPG for use by the practice.

The practice regularly reviewed the results of the Friends and Family survey to inform improvement plans within the practice.

Staff told us they felt involved and engaged in the development plans for the practice.

### Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes

## Are services well-led?

Good 

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

to improve outcomes for patients in the area. For example, the practice will be taking part in a local initiative to employ and train an apprentice in the practice and are considering the introduction of email consultations for patients in the future.