

# Elmdene Surgery

## Quality Report

273 London Road  
Horns Cross  
Greenhithe  
Kent  
DA9 9DB  
Tel: 01322382010  
Website: [www.elmdenesurgery.nhs.uk](http://www.elmdenesurgery.nhs.uk)

Date of inspection visit: 15 June 2016  
Date of publication: 12/09/2016

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

### Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	5
What people who use the service say	8

### Detailed findings from this inspection

Our inspection team	9
Background to Elmdene Surgery	9
Why we carried out this inspection	9
How we carried out this inspection	9
Detailed findings	11

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Elmdene Surgery on 15 June 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 and learning from these was discussed and shared.
- Risks to patients were assessed and well managed, including an infection control audit with identified actions.
- Medicines were well-managed within the practice.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained and had received updates to training to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and the practice was open and transparent in responding to complaints and concerns.
- Most patients we spoke with said they found it easy to make an appointment and that there were 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 patient participation group was actively looking to recruit new members after a period of dormancy.

**Professor Steve Field (CBE FRCP FFPH FRCGP)**  
Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were comparable to, with some below the national average. The practice had a low percentage level of exception reporting compared to the clinical commissioning group (CCG) and national average. (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).
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Patients felt they were treated with dignity and respect and involved in decisions about their treatment and care, and we observed that staff treated patients with kindness and respect and maintained confidentiality.

Good



# Summary of findings

- Information for patients about the services available was easy to understand and accessible.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 encouraged 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.
- There was a 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 offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Older people had a dedicated GP for continuity of care; however they were also able to see any GP of their choice.
- Regular multi-disciplinary meetings were held to discuss the care and treatment needs of complex patients including end of life care.
- Patients in local residential and nursing homes had a named GP who was solely responsible for their care and treatment.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with atrial fibrillation (an irregular heartbeat) with CHADS2 score of 1, who are currently treated with anticoagulation drug therapy or an antiplatelet therapy (drugs that reduce the body's ability to form clots in the blood) from 01/04/2014 to 31/03/2015, was 100% which was comparable to the CCG and the national average of 98%.
- Longer appointments and home visits were available when needed.
- 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 the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Staff 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 percentage of women aged 25-64 whose notes record that a cervical screening test had been performed in the preceding 5 years (01/04/2014 to 31/03/2015) was 84% which was comparable to the CCG average of 87% and 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 and health visitors.
- The practice referred patients to family planning services as required.

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

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

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

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and an annual health-check.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Good



# Summary of findings

- 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.

## **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).

- 81% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 82% and the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their patient record, in the preceding 12 months (01/04/2014 to 31/03/2015) was 87% which was comparable to the CCG average of 86% and the national average of 88%.
- 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.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with the local and national averages. 328 survey forms were distributed and 113 were returned. This represented 1.86% of the practice's patient list.

- 70% of patients found it easy to get through to this practice by phone compared to the CCG average of 64% and the national average of 73%.
- 70% 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 69% and the national average of 76%.
- 81% of patients described the overall experience of this GP practice as good which is the same as the CCG average and is comparable to the national average of 85%.

- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to which is the same as the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received four comment cards and all of these were positive about the standard of care received.

We spoke with two patients during the inspection who both said that they were satisfied with the care they received and thought staff were approachable, committed and caring.

# Elmdene Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Elmdene Surgery

Elmdene Surgery is located in a residential area, Kent and provides primary medical services to approximately 6056 patients. The practice is based in a purpose converted bungalow and there is minimal car parking, however this is available on the surrounding roads. The building is accessible for patients but is small, with two consulting and one treatment room. All office space is contained within the reception room and the practice manager, administration staff and receptionists all work from this area. There is also a branch surgery The Bean Surgery, Beacon Drive, Bean, Greenhithe, Kent DA2 8BG which has a dispensary, neither of which were inspected on this occasion. Since 2015, the partners have also taken over the day to day running of Bennett Way Surgery, Darenth, Kent DA2 7JT.

The practice patient population has more children than the national average, specifically between the ages of birth and nine years and an above average working age patient group specifically between the ages of 25 and 44. There are significantly less older people than the national average (from 55 - 85+ years). It is in an area where the population are mixed in terms of levels of deprivation and there is a broad ethnic and socio-economic mix.

There are three GP partners at the practice two male and one female and one long-term locum GP who is also male.

There are three female members of the nursing team; two practice nurses and one health care assistant/ phlebotomist. GP's and nurses are supported by a practice management team and reception/administration staff.

Elmdene Surgery is a teaching practice for medical students from the Kings Undergraduate Medical Education in the Community programme.

The practice is open from 8.30am until 1pm and 2pm until 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am until 1pm on Thursday. The telephone lines at the practice remain open between 1pm and 2pm. Extended hours appointments are offered on Tuesday and Wednesday until 8pm. There is an emergency number for patients to call to access a GP at the practice between 8 and 8.30am and patients are signposted to out of hour's services between 6.30pm and 8am.

In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent book on the day appointments are also available for people that need them. The practice also offers telephone consultations. Nurse appointments are available until 6.30pm on Tuesday and Friday and until 6pm on a Wednesday and phlebotomy appointments are available from 7am.

The practice runs a number of services for its patients including; diabetes care; Asthma and chronic obstructive pulmonary disease (COPD) management, phlebotomy, anticoagulant clinic, antenatal and post-natal care, sexual health, joint injections, immunisations and travel vaccines and advice.

Services are provided from Elmdene Surgery Horns Cross, 273 London Road, Greenhithe, Kent, DA9 9DB.

# 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

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including four GPs, a practice nurse, the practice management team, non-clinical staff members and with patients who used the service.
- Observed how patients were being cared for in the reception and waiting area and reviewed an anonymised sample of the personal care or treatment records of patients.

- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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 that the practice had recorded five significant events in a 17 month period and that these were dated as the event was raised and when the event was discussed. We saw that the people involved in the discussion were listed on the record, as was a learning outcome.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written or verbal 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 were shared and action was taken to improve safety in the practice. For example, where a referral for a patient was delayed owing to an urgent letter rather than a referral form being used, this information was shared at the practice and checks were carried out to help ensure that the two week referral template was being used. The practice had a clear system to ensure that safety alerts were seen by the appropriate person and these were discussed at practice meetings.

### Overview of safety systems and processes

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

- Arrangements were in place to help 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 and both clinical and non-clinical staff were aware of who this was. 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. GPs were trained to child protection or child safeguarding level 3. The nurse's at the practice were trained to level 2 in child safeguarding and had received training in safeguarding adults. All of the established non-clinical staff had carried out foundation training in safeguarding children and adults and this was booked for newer staff members. Training was updated as required.

- A notice in the waiting room advised patients that chaperones were available if required. Clinical staff acted as chaperones and 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). We saw that formal chaperone training for non-clinical staff had been organised, but that a date for this had not been confirmed.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had a comprehensive cleaning schedule in place and spot checks were carried out and recorded.
- 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

## Are services safe?

medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The prescribing rate for the practice was comparable to the national average and the quantity of anti-biotics, hypnotics and benzodiazepines prescribed were in line with the national average. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation and Patient Specific Directions were drawn up for the healthcare assistant to undertake flu vaccines whilst a nurse or GP were on the premises.

- We reviewed two 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. We saw that there was low staff turnover at the practice and that many of the staff team had been in post for a number of years.

### 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 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, 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. The practice had an increasing patient list size across three separate practices and were carrying out 28 three hour GP sessions each week. The nursing team were carrying out twelve sessions. The clinical rota was clear and well managed. Staff told us they had advertised a post and were of trying to recruit an additional GP and that they had plans drawn up for a new bigger building.

### Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm on the telephone in reception and under the desks 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.
- 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 comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan was reviewed regularly and included up to date emergency contact numbers for maintenance, utilities and practice staff. Both the practice manager and the GP partners had a copy of the plan which they kept at home.

# 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 ensure all clinical staff were up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs. GP's spoken with confirmed that this information came in via email to the practice manager who then disseminated it. Staff told us that where the information was critical this was sent in an email with a read receipt and memos were sent to all staff.
- The practice monitored that these guidelines were followed through discussion at meetings, risk assessments and audits.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF) and used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 84% of the total number of points available compared to the CCG average of 92% and national average of 94%. However, the level of exception reporting at the practice was low compared to the CCG and national averages. (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 an outlier for a number of QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was lower than the national average. The percentage of patients with diabetes, on the register, in whom the last blood pressure reading measured in the preceding 12 months was 140/80 mmHg or less was 61% compared to 76% at

CCG level and 78% as a national average. However, the exception reporting level for the practice was low being 4% compared to 10% as a CCG average and 9% at national average.

- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March was 66% compared to 94% at both CCG and national average. However, the exception reporting level for the practice was low being 9% compared to 21% as a CCG average and 18% at national average.
- The percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) is 5 mmol/l or less (01/04/2014 to 31/03/2015) was 68% compared to 78% as a CCG average and 81% at national average. However, the exception reporting level for the practice was low being 6% compared to 12% as a CCG and national average.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015) was 76% compared to 87% as a CCG average and 88% as a national average, However, the exception reporting level for the practice was low being 2% compared to 8% as a CCG and national average.
- Performance for mental health related indicators was comparable to the national average The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months was 87% compared to 90% at both CCG and national average. The exception reporting average for the practice was 6% which was lower than the CCG and national average of 10%.

Staff told us that there was a young population of patients with diabetes at the practice who were not always compliant with booking or attending appointments. The practice had given extra hours to a member of the nursing team for them to specifically look at this and proactively recall patients. Staff told us that the practice had set aside clinics and invited patients to attend and had sent letters

# Are services effective?

## (for example, treatment is effective)

asking patients to visit for an appointment. A system to text reminder messages to patients regarding their appointments was also being implemented at the practice to address these issues.

The practice had completed a number of clinical audits and there was evidence of quality improvement.

- We looked at two clinical audits carried out in the last two years, and both of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, an audit into compliance with NICE guidelines in the management of diabetes at the practice found that diabetes was being under-diagnosed and that there was room for improvement in the management of patients with diabetes. Recent action taken as a result included reduction in the usage of blood glucose strips and the recall of a selection of patients for additional tests and medication reviews.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. 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, the practice manager and GP's all undertook appraiser training.
- 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 updated training, access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included 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, AED (use of the automated external defibrillator), basic life support and information governance. Fire safety training had been booked for all staff for the end of June 2016. Staff had access to and made use of e-learning training modules, 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 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. The practice had recently reintroduced quarterly meetings with other health care professionals to review and update care plans for patients with complex needs as these had not been well attended.

### 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 practice nurse assessed the patient's capacity and, recorded the outcome of the assessment. Staff told us that best interest meetings were held for patients as required.

# Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through patient's records audits. Staff told us that consent was verbal and recorded onto the patients notes and if a child, in their red healthcare book as well.

## 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 smoking and drug or alcohol cessation. Patients were signposted to the relevant service.
- Staff told us that the GP's aim to see end of life patients every two or three weeks, but that there were currently no palliative care meetings taking place due to unforeseen circumstances. They told us that they would reinstate these meetings on a quarterly basis.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 87% and the national average of 82%. The exception reporting was low at the practice compared at 2% compared to the CCG average of 10% and the national average of 6%. There was a policy to offer telephone reminders for patients who did not attend for their cervical

screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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 CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% compared to the local CCG rates of between 88% and 94% and five year olds from 66% to 95% compared to 83% to 94% at CCG level.

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. 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 throughout the inspection that 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 that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the four 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.

We spoke with a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice, could get an appointment when needed, always felt listened to and that their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required.

Results from the national GP patient survey showed patients felt they had confidence and trust in their GP and that they were treated with care and concern and were listened to. The practice was comparable to and lower than the CCG and national average for its satisfaction scores on consultations with GPs and nurses. For example:

- 85% 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%.
- 75% of patients said the GP gave them enough time which was considerably lower than the CCG average of 86% and the national average of 87%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.

- 85% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the national average and higher than the CCG average of 82%.
- 91% of patients said the last nurse they spoke to was good at treating them with care and concern which was the same as the national average higher than the CCG average of 90%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from 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 comparable to local and national averages. For example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments which was the same as the CCG average and comparable to the national average of 86%.
- 77% of patients said the last GP they saw was good at involving them in decisions about their care which was the same as the CCG average and comparable to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG average and the national average.

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

- The practice had access to an interpreting service which was used as required.
- Information leaflets were available in easy read format.

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

## Are services caring?

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. There was a practice register of people who were carers and these patients were being supported by being offered a flu vaccination. Written information was available to direct carers to the various avenues of support available to them.

The practice had a book to record bereavement so that all staff were aware when a patient had died and could respond sympathetically to this. Staff told us that if families had suffered bereavement, their usual GP contacted them by telephone if they were open to receiving a call, and that this call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service if this was required.

# 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. For example, the practice completed an expression of interest form to the Primary Care Transformation Fund to secure larger premises to meet the needs of their growing registered population size; and the partners had recently added another practice to their portfolio to provide primary care services to the patients registered there.

- The practice offered extended hours until 8pm on a Tuesday and Wednesday evening for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and for patients with complex needs.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services available and staff told us they were aware of patients with hearing or visual impairments and would assist these patients to the consulting room or the GP would collect them.
- The practice showed flexibility for homeless patients wishing to register by accepting a temporary address.

### Access to the service

The practice was open from 8.30am till 1pm and 2pm until 6.30pm Monday, Tuesday, Wednesday and Friday and from 8.30am until 1pm on Thursday. Extended hours appointments were offered on Tuesday and Wednesday until 8pm. There was an emergency number for patients to call to access a GP at the practice between 8 and 8.30am and patients were signposted to out of hour's services between 6.30pm and 8am. In addition to pre-bookable appointments that could be booked up to two weeks in

advance, urgent book on the day appointments were also available for people that needed them. The practice also offered telephone consultations. Nurse appointments were available until 6.30pm on Tuesday and Friday and until 6pm on a Wednesday.

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.

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and the national average of 78%.
- 70% of patients said they could get through easily to the practice by phone which was better than the CCG average of 64% and comparable to the national average of 73%.

Patients 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.

Staff told us that a GP would make the decision regarding a home visit. 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. For example, the reception staff would tell the patient to call the emergency services, or would do so on their behalf. 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, for example, there was a poster in the waiting area and a complaints leaflet was available from reception. The information was also provided on the practice web-site

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

We looked at a log of all the complaints received in the last 12 months and found that they had been recorded, investigated and responded to within the specified timeframes. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. The learning from complaints was

shared at practice meetings. For example, where a GP had left a message on voicemail on an out of date mobile number, procedure was changed to ensure that no personal information was left in a message and that checks were carried out to confirm the correct telephone number of the patient.

# 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 and the staff we spoke with were all aware of the aim to provide high quality, safe, professional care and treatment to the patient.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The main aim was cited as getting new premises to increase the number of services provided to the community, including diagnostic and well-being services and to provide the space to continue to teach undergraduate doctors and to expand into a training practice.

### 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.
- There was a clear system for reporting incidents and for sharing these and learning from them.
- 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 arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- Patient feedback was instrumental in making changes to the systems in place at the practice.
- All staff was encouraged to attend training that supported their role and their professional development.
- There were named GP's with a lead role in specific areas, such as a safeguarding lead.

### Leadership and culture

On the day of inspection the leadership team within 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 complied 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). The leadership team 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, truthful 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.

- Staff told us the practice held regular team meetings and that as the practice was so small information was shared informally on a daily basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings or informally and felt confident and supported in doing so
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. Staff told us that the practice was small and all members of staff including GP's worked together and talked informally to improve the patient experience.

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

The practice encouraged and valued feedback from patients 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 had

# Are services well-led?

Good 

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

been dormant for approximately six months, however was actively recruiting new members. The practice had taken action to make improvements based on the results of the patient survey. For example, the number of telephone lines into the practice was increased from two to five and the number of GP sessions was increased. Open access telephone consultations were introduced which ran across the whole day, online appointment booking was set up and text message reminders for patients were being implemented.

- The practice had gathered feedback from staff through staff meetings, regular 1:1 meetings and appraisals. Staff

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Elmdene Surgery was a teaching practice and one of the partners was a board member for the local CCG. One of the practice nurse's was a prescribing nurse and was being mentored by one of the GP's.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.