

Ballater 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?	Outstanding	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ballater Surgery on 19 January 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.
- 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.
- 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 and was available in five non-English local languages relevant to the practice population.

- 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 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.

We saw several areas of outstanding practice:

- The practice had trained a member of staff to become Patient Liaison Officer (PLO) who assisted in care planning for older patients for example with dementia. The PLO usually contacted the patient after their initial care plan had been set up. Patients were given access to the PLO by phone, to contact if they have any non-clinical queries for example about

Summary of findings

hospital appointments (booking and chasing), transport and signposted to services available locally. They had shared this initiative with other practices in the Clinical Commissioning Group (CCG) area and had helped train fifteen administrative staff for the PLO role from GP practices across the CCG.

- The practice had access to medical advice for children by the use of e-mail consultations for example the parents could send photos to help identify childhood rashes.
- The practice placed a strong emphasis on supporting carers of patients with long-term conditions. The practice hosted its own carers support group and had also run carers workshops on subjects such as emotional wellbeing.

- The practice ran a memory assessment clinic which was led by the healthcare assistant specifically trained to perform this assessment. This had increased the dementia diagnosis rate in the practice. The practice found that many patients did not want a diagnosis of dementia and the patients with possible/likely diagnosis of dementia were identified and were coded to alert staff of their possible increased needs.

The areas where the provider should make improvement are:

- Ensure there is a supply of hot water in all the areas of the practice including consulting rooms.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They 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, however the practice did not have a supply of hot water to one of the consultation rooms for over ten years.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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 multidisciplinary teams 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.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice placed a strong emphasis on supporting carers of patients with long-term conditions. The practice hosted its own carers support group and had also organised carers workshops on subjects such as emotional wellbeing.

Are services responsive to people's needs?

The practice is rated as outstanding 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 (CCG) to secure improvements to services where these were identified.
- The practice had trained a member of staff to become patient liaison officer (PLO) who assisted in care planning for older patients for example with dementia. The PLO usually contacted the patient after their initial care plan had been set up. Patients were given access to the PLO by phone, to contact if they have any non-clinical queries for example about hospital appointments (booking and chasing), transport and signposted to services available locally.
- The practice had access to medical advice for elderly patients who are less mobile by facilitating the use of telephone triage system for urgent issues and e-mail consultations. Many older people also used online services via Patient Access.
- Patients said they found it easy to make an appointment with a named GP and 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.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. The practice had access to complaints leaflets in five non-English local languages relevant to the practice population. Learning from complaints was shared with staff and other stakeholders.

Outstanding



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 this.

Good



Summary of findings

- 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 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. The Patient Participation Group was active.
- There was a strong focus on continuous learning and improvement at all levels.

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.
- Regular home visits were available for older/housebound patients. The named GP would initially assess the patient, and if appropriate, follow-up visits would be delegated to the nurse or healthcare assistant, usually on a three to six monthly basis.
- The practice had trained a member of staff to become patient liaison officer (PLO) who assisted in care planning for older patients for example with dementia. The PLO usually contacted the patient after their initial care plan had been set up. Patients were given access to the PLO by phone, to contact if they have any non-clinical queries for example about hospital appointments (booking and chasing), transport and signposted to services available locally.
- The practice used risk profiling to identify older adults who were at highest risk of emergency admission and provided personalised care plans with a named doctor. Patients were contacted within three days of receiving a notification of an emergency admission and care plans were modified as necessary.
- The GPs visited two care homes on a weekly basis, supporting the needs of the residents.

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 national Quality and Outcomes Framework (QOF) data showed that 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the Clinical Commissioning Group (CCG) average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 84% which was similar to the national average of 88%.
- Longer appointments and home visits were available for people with complex long term conditions when needed.

Good



Summary of findings

- 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.
- The practice placed a strong emphasis on supporting carers of patients with long term conditions. The practice hosted its own carers support group and had also run carers workshops on subjects such as emotional wellbeing.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- The national Quality and Outcomes Framework (QOF) data showed that 76% of patients with asthma in the register had an annual review, compared to the Clinical Commissioning Group (CCG) average of 74% and the national average of 74%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. Longer appointments were available for postnatal review.
- The practice had participated in a local pilot scheme; a health visitor walking group for expectant mothers and for parents of children under five years who were socially isolated in the area. The pilot ran for two months and the practice was planning to restart this group in spring 2016.
- The practice had access to medical advice for children by the use of e-mail consultations for example the parents could send photos to help identify childhood rashes.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- 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 including e-mail consultations as well as a full range of health promotion and screening that reflects the needs for this age group.
- One of the practice GPs who had training in musculoskeletal medicine had developed exercise leaflets to give to patients to aid self-help and reduce unnecessary musculoskeletal referrals.
- The practice offered Saturday morning GP clinics and monthly Saturday morning nurse clinics.

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, carers, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and had access to a named nurse for health checks.
- The practice nurse previously visited patients who needed learning disability health checks at their home in order to improve their confidence; however these patients are now invited into the surgery for the health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. The practice hosted its own carers support group and had also run carers workshops on subjects such as emotional wellbeing.
- 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.
- The staff had access to safeguarding protocol on their computers through a specific desktop icon which provided step by step instructions which also signposted staff to relevant support in case the safeguarding leads were not available.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The number of patients with dementia who had received annual reviews was 76% which was below the Clinical Commissioning Group (CCG) average of 84% and national average of 84%.
- 92% of patients with severe mental health conditions had a comprehensive agreed care plan in the last 12 months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia. The practice had trained a member of staff to become Patient Liaison Officer (PLO) who assisted in care planning for older patients for example with dementia. The practice was also part of local Dementia Action Alliance and was a dementia friendly practice and all staff had had dementia training.
- To reach the local community the practice held a dementia awareness session in the local church.
- The practice ran a memory assessment clinic which was led by the healthcare assistant specifically trained to perform this assessment. This had increased the dementia diagnosis rate in the practice. The practice found that many patients did not want a diagnosis of dementia and the patients with possible/likely diagnosis of dementia were identified and was coded to alert staff of their possible increased needs.
- The practice had access to a counsellor who provided weekly sessions at the surgery where necessary.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. Two-hundred and eighty survey forms were distributed and 120 were returned. This is a response rate of 43%. This represented 1.36% of the practice's patient list.

- 91% find it easy to get through to this surgery by phone compared with a Clinical Commissioning Group (CCG) average of 70% and a national average of 73%.
- 83% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 85% and a national average of 85%.
- 91% describe the overall experience as good compared with a CCG average of 82% and a national average of 85%.
- 83% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared with CCG average 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 32 comment cards which were all positive about the standard of care received. All the patients felt that they were treated with dignity and respect and were satisfied with their care and treatment.

We spoke with 10 patients during the inspection. All patients said they were happy with the care they received and thought staff were approachable, committed and caring. The friends and family test data for 2015 indicated that 94% of the patients would recommend this practice.

Ballater 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, a practice manager specialist adviser and an Expert by Experience.

Background to Ballater Surgery

Ballater Surgery provides primary medical services in Orpington to approximately 9000 patients and is one of 48 practices in Bromley Clinical Commissioning Group (CCG). The practice population is in the second least deprived decile in England.

The practice population has a lower than CCG and national average representation of income deprived children and older people. The practice population of children, older people and working age people are in line with local and national averages. Of patients registered with the practice for whom the ethnicity data was recorded, 67% are white British or other white and 5% are Asian or Asian British.

The practice operates on converted premises. All patient facilities are wheelchair accessible and there is a lift access to the first floor. The practice has three doctors' consultation rooms on the ground floor and two nurses' consultation rooms and two doctors' consultation rooms on the first floor.

The practice team at the surgery is made up of two full time male lead GPs who are partners, one full time female GP who is a partner, one full time salaried GP and one part-time salaried GP and a full-time GP registrar, two part-time female practice nurses, one part-time female

health care assistant. The practice team consists of one practice manager, one deputy practice manager, one admin/reception manager, an administrator, a prescription clerk, and six reception staff members. The practice provides a total of 39 GP sessions per week.

The practice operates under a Personal Medical Services (PMS) contract, and is signed up to a number of local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract). The practice is a training practice for GP registrars.

The practice reception and telephone lines are open from 8:00am to 6:30pm Monday to Friday. Appointments are available between 9:00am and 6:00pm every day. Extended hours surgeries are offered on Saturdays 8:00am till 12:00pm.

The practice has opted out of providing out-of-hours (OOH) services to their own patients between 6:30pm and 8:00am and directs patients to the out-of-hours provider for Bromley CCG. The practice had recently signed up to be part of local GP Alliance and provides three appointments seven days a week through Primary Care hubs which can be booked in advance.

The practice is registered as a partnership with the Care Quality Commission to provide the regulated activities of diagnostic and screening procedures, maternity and midwifery services, surgical procedures and treatment of disease, disorder or injury.

Why we carried out this inspection

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

Detailed findings

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 19 January 2016.

During our visit we:

- Spoke with a range of staff including four reception and administrative staff, the practice manager, four GPs, one GP registrar and two practice nurses, one health care assistant and we spoke with 10 patients who used the service including the chair and members of the practice's Patient Participation Group (PPG).
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events and maintained a log in the computer system.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, the practice computer system stopped working on a Friday evening and there was no access to the patient management system for a Saturday clinic. The practice implemented their business continuity plan and investigated the incident. The problem had occurred because the server was turned off inadvertently by a staff member at the end of the previous working day. Following this, the training provided to new staff was reviewed and was included in the staff induction.

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.

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 were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and 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 member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had

received training relevant to their role. GPs were trained to Safeguarding level 3 and nurses were trained to Safeguarding level 2. The staff had access to a safeguarding protocol on their computers through a specific desktop icon which provided step by step instructions and also signposted staff to relevant support in case the safeguarding leads were not available.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable.)
- The practice maintained appropriate standards of cleanliness and hygiene. 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 arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice performed annual prescribing reviews and following the last review some changes in prescribing practice were implemented. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines 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 four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice used locum bank GPs and did not run checks themselves and checked that the agency had completed the required checks.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). However the practice had no hot water supply to one of the consultation rooms for over ten years; the practice was aware of this issue. After the inspection the practice had confirmed that they have a supply of hot water in all areas of the practice.
- 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 that

enough staff were on duty and to monitor both clinical and non-clinical staff. The practice provided locum cover for all GP sessions when the GP partners and salaried GPs were on annual leave.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency. In addition to this, there were panic buttons in all treatment rooms and at the reception desk which were tested regularly to ensure they were in good working order.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. 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 defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.

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

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.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- From all the medical records we reviewed, the practice was found to be following best practice guidance.

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 were 97.5% of the total number of points available, with 5.2% clinical exception reporting. (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 better than the Clinical Commissioning Group (CCG) and national average. For example, 77% of patients had well-controlled diabetes, indicated by specific blood test results, compared to the CCG average of 75% and the national average of 78%. The number of patients who had received an annual review for diabetes was 84% which was similar to the national average of 88%.
- The percentage of patients over 75 with a fragility fracture who were on the appropriate bone sparing medicine was 75%, which was below the CCG average of 95% and national average of 93%.

- The percentage of patients with atrial fibrillation treated with anticoagulation or antiplatelet therapy was 97%, which was in line with the CCG average of 97% and national average of 98%.
- Performance for mental health related indicators was above or in-line the CCG and national averages; 92% of patients had received an annual review in compared with CCG average of 84% and national average of 88%.
- The number of patients with dementia who had received annual reviews was 76% which was below the CCG average of 84% and national average of 84%.
- The number of patients with Chronic Obstructive Pulmonary Disease (COPD) who had received annual reviews was 94% compared with CCG average of 91% and national average of 90%.

Clinical audits demonstrated quality improvement.

- There had been eight clinical audits performed in the last two years, six of these were completed audits where the improvements made were implemented and monitored.
- For example, an audit of prescribing was undertaken to ascertain the proportion of two pain killers prescribed. In the first cycle they had identified that the total number of prescriptions for a particular medicine was higher than the recommended guidelines. In the second cycle, after the changes in practice had been implemented, a lower number of patients were taking this medicine and they met the local prescribing guidelines. The practice had also performed another three cycles of this audit to ascertain if improvements achieved had been sustained.
- Another clinical audit was undertaken which was related to a prescription of a blood thinning medicine after a heart attack. Ten patients were identified as not taking the recommended medicine. In the second cycle, after the changes had been implemented, all patients were found to be taking the recommended medicine.
- The practice had undertaken an audit to ascertain if heart rate was recorded for children under five years presenting with a fever according to recommended guidelines. In the first cycle none of the patients seen in

Are services effective?

(for example, treatment is effective)

a three month period had this recorded. In the second cycle, after the changes in practice had been implemented, the results indicated that 82% of patients had this recorded and met the audit standard of 80%.

- The practice worked with the medicines management team and undertook mandatory prescribing audits such as antibiotic prescribing.
- The practice had been involved in research projects and was a member of the National Association of Primary Care.

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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality, and basic life support.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. 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 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 on-going support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months. We spoke to two staff members who had started working at the practice as admin/reception staff and had been supported and trained to undertake more senior roles in the practice.
- Staff received training that included: safeguarding, fire procedures, basic life support, information governance

awareness and dementia. Staff had access to and made use of e-learning training modules, in-house and external training. The practice staff also attend academic half days and educational days.

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 used risk profiling to identify patient needs and care plans for those at risk of unplanned admission. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring 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 on-going 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 weekly clinical meetings on Mondays and Thursdays where the clinical staff discussed practice and patient issues including the Quality and Outcomes Framework (QOF) performance, complaints, protocols, guideline updates, case reviews and safeguarding issues. We saw evidence that multi-disciplinary team meetings took place on a bi-monthly basis and that care plans were routinely reviewed and updated.

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.

Are services effective?

(for example, treatment is effective)

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

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 and those with dementia. Patients were then signposted to the relevant service.
- The practice had a named nurse for learning disability patients who performed their annual health checks; 82% of the patients with a learning disability had an annual health check in 2014/15.
- The practice nurse initially visited patients who needed learning disability health checks at their home in order to improve their confidence; now these patients were invited into the surgery for their health checks. The practice also supplied tea and biscuits for these patients to make them feel at ease.
- The practice offered stop smoking sessions by the healthcare assistants. The practice has achieved 26% of the smoking cessation success rate which was above the Clinical Commissioning Group (CCG) average of 6%.

- One of the practice GPs who had training in musculoskeletal medicine had developed exercise leaflets to give to patients to aid self-help and reduce unnecessary musculoskeletal referrals.

The practice's uptake for the cervical screening programme was 86%, which was comparable to the CCG average of 84% and the national average of 82%. 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.

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 63% to 95% and five year olds from 78% to 94%. Flu vaccination rates for the over 65s were 79%, and at risk groups 61% and were also above the national averages. Flu vaccination rates for diabetes patients were 96% which was higher than the national average.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. The practice had completed health checks for 92% of the patients in their mental health register and 76% of the patients with dementia. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 32 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. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with 10 patients including four members of the Patient Participation Group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 87% said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 87% and national average of 89%.
- 85% said the GP gave them enough time (CCG average 84%, national average 87%).
- 94% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%)
- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 82%, national average 85%).

- 86% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 93% said they found the receptionists at the practice helpful (CCG average 86%, national average 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 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:

- 86% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 83% and national average of 86%.
- 84% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 87% said the last nurse they saw was good at involving them in decisions about their care (CCG average 89%, national average 90%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

The practice had trained a member of staff to become patient liaison officer (PLO) who assisted in care planning for older patients for example with dementia. The PLO usually contacted the patient after their initial care plan had been set up. Patients were given access to the PLO by phone, to contact if they have any non-clinical queries for example about hospital appointments (booking and chasing), transport and signposted to services available locally.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2.5% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice placed a strong emphasis on supporting carers of patients with long-term conditions. The practice hosted its own carers support group and had also run carers workshops on subjects such as emotional

wellbeing. . The surgery held a number of coffee mornings for carers. A local health and wellbeing organisation was invited to provide information on the support they offered to carers.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered a Saturday clinic from 8:00am to 12:00pm. The practice had recently signed up to be part of local GP Alliance and provided three appointments seven days a week through Primary Care hubs which could be booked for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and those with complex long-term conditions.
- The practice had trained a member of staff to become patient liaison officer (PLO) who assisted in care planning for older patients for example with dementia. The PLO usually contacted the patient after their initial care plan had been set up. Patients were given access to the PLO by phone, to contact if they have any non-clinical queries for example about hospital appointments (booking and chasing), transport and signposted to services available locally.
- The practice hosted its own carers support group and had also run carers workshops on subjects such as emotional wellbeing.
- The practice is part of local Dementia Action Alliance; all practice staff were dementia friends and had had dementia training.
- The practice ran a memory assessment clinic which was led by the healthcare assistant specifically trained to perform this assessment.
- The practice had worked with six other practices to review reasons for Accident and Emergency (A&E) attendances and identified common themes and made recommendations to the Clinical Commissioning Group (CCG) on changes to care pathways to reduce A&E attendances.
- Regular home visits were available for older/housebound patients. The named GP would initially assess the patient, and if appropriate, follow-up visits would be delegated to the nurse or healthcare assistant, usually on a 3-6 monthly basis.

- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had access to complaints leaflets in five non-English local languages relevant to the practice population.
- The practice had a lift access to the first floor.
- The practice had access to medical advice for elderly patients who are less mobile by facilitating the use of telephone triage system for urgent issues. Many older people also used online services via Patient Access and e-mail consultations.
- To reach the local community the practice held a dementia awareness session in the local church.
- The practice had participated in a local pilot scheme; a health visitor walking group for expectant mothers and for parents of children under five years who were socially isolated in the area. The pilot ran for two months and the practice was planning to restart this group in spring 2016.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were from 9:00am to 12:00pm every morning and 4:30pm to 6:30pm on Mondays and 3:30 to 6:00pm Tuesday to Friday. Extended surgery hours were offered from 8:00am to 12:00pm every Saturday. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them. The practice had recently signed up to be part of local GP Alliance and provided three appointments seven days a week through Primary Care hubs which can be booked in advance.

The practice operated a telephone triage system. The on-call doctor called patients who requested an emergency appointment, discusses the problem and made appointments on that day as necessary. Patients also had an option to e-mail the on-call doctor, who then viewed the e-mails until 10am and called the patient back as part of morning triage. The patients were sent an automated response which stated for the patients to call the surgery after 10:00am and if their query was urgent.



Are services responsive to people's needs?

(for example, to feedback?)

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

- 83% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 71% and national average of 75%.
- 91% patients said they could get through easily to the surgery by phone (CCG average 70%, national average 73%).
- 58% patients said they always or almost always see or speak to the GP they prefer (CCG average 57%, national average 59%).

People told us on the day of the inspection that they were 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.

- 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 such as posters in the waiting area and leaflets in five non-English local languages relevant to the practice population and information on the website.

We looked at five complaints received in the last 12 months and these were satisfactorily dealt with in a timely way. We saw evidence that the complaints had been acknowledged and responded to and letters were kept to provide a track record of correspondence for each complaint. Verbal, e-mail, in-person and written complaints were also dealt with in a similar way. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained that not all repeat prescriptions requested were getting through to the pharmacy; the practice investigated and found that there was an issue with the electronic prescribing system. As a result a system was put in place whereby prescriptions that required printing were done by the prescribing clerk and the electronic prescriptions were done by the GPs.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- There was a comprehensive understanding of the performance of the practice. There was evidence that benchmarking information was used routinely when monitoring practice performance.
- Governance meetings took place during the weekly clinical meetings on Mondays and Thursdays between the clinical staff and practice manager. They had a bi-monthly partner meeting with the partners and practice manager where management, clinical issues including significant events and strategy were discussed. They also had a quarterly practice meeting where practice wide issues such as significant events and complaints were discussed.
- There was a programme of continuous clinical and internal audit which 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

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

- Staff told us the practice held regular team meetings. We saw minutes as evidence that these meetings occurred.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and 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 of 10 members which met regularly, carried

Are services well-led?

Good 

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

out patient surveys and submitted proposals for improvements to the practice management team. For example, the reception staff were trained to inform patients if the appointments were running late.

- Following requests from patients to the PPG the surgery was asked to provide talks and educational sessions for patients. In response the surgery staff organised educational sessions for first aid and men's health last year. Three first aid sessions were held by a member of a staff who was a first aid trainer and one of the GPs held a session on men's health. These sessions were well received by those who attended.
- Following requests from the PPG, the surgery held a number of coffee mornings for carers. A local health and wellbeing organisation was invited to provide information on the support they offered to carers. Following this, a series of workshops were held in the surgery during September and October 2014 in collaboration with the local health and wellbeing organisation.
- The practice also held a PPG open day in the surgery during which patient comments were received. Following this a number of issues had been addressed. For example a summary of written information

explaining various ways to access surgery services were included in the new patient registration packs, and was made available in the surgery, on the website and in the practice newsletter.

- The practice had gathered feedback from staff through a recent staff survey. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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 to improve outcomes for patients in the area for example the practice is part of the local Dementia Action Alliance and was working with local practices to setup a dementia café locally. The practice also initiated the Patient Liaison Officer (PLO) role in the Clinical Commissioning Group (CCG). Through the funding received from the National Association of Primary Care they trained a member of staff for this role to support high risk patients. Through this pilot they were able to secure funding from the local CCG and created a training programme at the local university which helped train fifteen administrative staff for the PLO role from GP practices across the CCG.