

Southbourne Surgery

Quality Report

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Southbourne Surgery on 26 April 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 been trained 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.
- 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.
- 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.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff understood their responsibilities to raise concerns, and to report incidents and near misses and when things went wrong. Reviews and investigations were thorough and lessons learned were communicated to all staff to support improvement. Patients received a verbal and written apology.
- 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 clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the local and national averages.
- 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.

Are services caring?

The practice is rated as good for providing caring services.

Good



- 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.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said 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. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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. The patient participation group was active.

Summary of findings

- 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.
- There was a dedicated staff member whom housebound patients were able to call if they needed to see their GP.
- The practice had a dedicated carers' coordinator who contacted patients who were carers to signpost them to available support.

The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

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. There was an effective process for recalling and following up patients who did not attend their appointments.
- Patients were encouraged to be involved in their care and the practice was involved in the 'Year of care' initiative. This provided personalised care planning for patients with long term conditions.
- Performance for diabetes related indicators was in line with local and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 79% which was similar to the clinical commissioning group (CCG) average of 80% and the national average of 78%.
- The practice offered monthly diabetes clinics with the diabetes nurse specialist. Clinics with a dietetic nurse were held once every two months for patients who required specialist dietary advice.
- 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



Summary of findings

Families, children and young people

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

Good



- 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.
- 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 82%, which was comparable to the CCG average of 83% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- There was a comprehensive advice section available for young adults on the practice website which included advice on mental health, relationships and sexual health.
- We saw positive examples of joint working with midwives and health visitors and both of these services were available from the practice for the convenience of patients.
- The GPs held a meeting with the local school nurse once every two months.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice promoted different aspects of health promotion on its notice boards in the waiting room including alcohol awareness, cancer and stroke.

People whose circumstances may make them vulnerable

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

Good



Summary of findings

- 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.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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).

- 83% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 84%.
- 91% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was better than the CCG average of 90% 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.
- An on-site counselling service was available to which patients could self-refer.

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 significantly better than local and national averages. Two hundred and thirty eight survey forms were distributed and 122 were returned. This represented 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone, which was better than the clinical commissioning group (CCG) average of 73% and the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried which was better than the CCG average of 77% and the national average of 76%.
- 94% of patients described the overall experience of this GP practice as good which was better than the CCG average of 86% and the national average of 85%.

- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area, which was better than the CCG average of 80% and 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 18 comment cards which were all positive about the standard of care received. Patients commented on the friendly and professional approach of clinical and administration staff and praised the appointments system which they found to be convenient for their needs. Patients stated that they found the practice to be clean and tidy and the overall care to be excellent.

We spoke with five patients during the inspection. All five patients said they were very satisfied with the care they received and thought staff were friendly, approachable, committed and caring. Two patients commented on the welcoming atmosphere in the practice.

Southbourne 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 and a practice manager specialist adviser.

Background to Southbourne Surgery

Southbourne Surgery (also known as Dr Smith and Partners) is located on Main Road in Southbourne, West Sussex. The practice provides services for approximately 9460 patients living within the Southbourne area. The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England. A GMS contract is one between the practice and NHS England where elements of the contract such as opening times are standard.

The patient population is higher than the national average for patients over the age of 65. Deprivation amongst children and older people is significantly lower than the national averages. The local population is predominantly white British and life expectancy for men and women is similar to the national averages. The local area is popular among tourists and the practice told us they had a significant number of temporary patients during the holiday season.

As well as a team of five GP partners and one employed GP (three male and three female), the practice employs three practice nurses, an emergency care practitioner, an assistant practitioner and two health care assistants. A practice business manager and assistant practice manager

are employed, supported by a team of receptionists and administrative clerks. The practice also has an on-site physiotherapist, dietician, psychiatric nurse and counselling service and can refer patients to these services.

The practice is a training practice for GP trainees and foundation level two doctors and currently has two GP registrars.

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8.15am and 6pm. Extended opening is available from 6.30am to 8am on Mondays, Tuesdays and Fridays when patients can pre-book appointments with GPs and nurses. Routine appointments are bookable up to one month in advance. Patients are able to book appointments by phone, online or in person. The practice operates a phone triage system for patients requiring urgent appointments.

Patients are provided with information on how to access the out of hours service by calling the surgery or viewing the practice website.

The practice is registered to provide the regulated activities of diagnostic and screening procedures; treatment of disease, disorder or injury; family planning, and surgical procedures, maternity and midwifery services.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 26 April 2016. During our visit we:

- Spoke with a range of staff (the practice manager, GP, nursing and administrative team) and spoke with patients who used the service.
- 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 incidents and felt encouraged to do so. 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 evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice used a range of information to identify risks and improve patient safety. For example, reported incidents, national patient safety alerts, benchmarking information and data, as well as comments and complaints received from patients.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of dedicated significant and interesting event meetings which were held monthly. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, when testing clinical samples, nurses had a protocol to retest before acting on the results. On one occasion when the subsequent test was found to be within normal range, the nurse investigated further and found that testing kits had been left open and had become contaminated. The practice made the decision to use tests with a smaller number of kits in each batch so each kit would be in use for a shorter period. All clinical staff were reminded that clinical testing kits should remain closed when not in use and the reasons for this explained. The practice sent out an alert to staff asking them to inform the nursing team if they found test kits were left open.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. All GPs, three of the nursing team and the practice management team were trained to child protection or child safeguarding level three. All other nursing staff were trained to level two and other staff to at least level one.
- A notice in the waiting room and above the examination couches in each consulting room advising patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The assistant practitioner was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions, which included the review of high risk

Are services safe?

medicines. 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. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient group directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (A PGD is a written instruction for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment). Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four 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 found structured notes from recruitment interviews and clear and thorough records of employment for staff as well as up to date records of current registrations for clinical staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The practice had a policy of active shadowing between staffing groups. This included GPs shadowing the administration team. Staff felt that this not only improved communication between the staffing groups but also improved the understanding of each other's roles.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice held a central stock of bags suitable for GPs to take on home visits. These bags included some emergency drugs and were stored in the reception area and stocked by the nurses. The practice had a policy of GPs signing these bags out so those checking the bags could see when they were last used. There was a list of the contents of each bag within the bag itself so that the GPs could be certain of the contents.
- 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, were held securely in the reception area of the practice and all staff knew of their location. All the medicines were checked by the nurses and 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 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 patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.9% of the total number of points available compared with a clinical commissioning group (CCG) average of 97.8% and a national average of 94.8%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was in line with local and national averages. For example, patients with diabetes who had a blood pressure reading in the preceding 12 months of 140/80mmHg or less was 79% which was similar to the CCG average of 80% and the national average of 78%; and the percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 95% which was similar to the CCG average of 91% and the national average of 88%.
- The practice was in line with the CCG and national averages for their management of patients with poor mental health. For example, 91% of their patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months, which was similar to the CCG

average of 90% and the national average of 88%. The practice was in line with the CCG and national average for their management of patients diagnosed with dementia who had received a face-to-face review within the preceding 12 months (83% compared to the CCG average of 82% and the national average of 84%).

- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average achieving 88% in comparison with the CCG average of 83% and the national average of 84%.
- The exception reporting for the practice was better than the CCG and national averages apart from those patients with osteoporosis. The practice explained that this was because many of the patients with this diagnosis chose to be followed up by the consultant at the local hospital rather than by their GP. The exception reporting for patients with depression was significantly lower than CCG and national averages (8% compared to 23% in the CCG and 26% nationally). (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).

There was evidence of quality improvement including clinical audit.

- There had been nine clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice held an audit checklist which was updated monthly and ensured audits were scheduled for subsequent cycles as appropriate.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, there was an audit of the GP adherence to clinical guidelines when prescribing combined hormonal contraceptives (CHCs) to women over the age of 35 who were smokers. The first audit cycle found that some smokers had also been prescribed CHCs while other patients taking the medicine had no smoking status recorded. The practice responded by educating all GPs on the subject and contacting patients to

Are services effective?

(for example, treatment is effective)

ascertain their smoking status and recalling smokers who had been prescribed CHCs to discuss more suitable medicines. An alert was placed on the electronic prescribing system so that before prescribing these medicines GPs were asked to complete a questionnaire with the patient, which included smoking status. The second cycle of the audit found that although there were no patients recorded as smokers who were also prescribed CHCs, some patients taking these medicines still had no smoking status recorded. Another education session took place and by the third cycle of audit there was substantial improvement with only one patient prescribed these medicines who had no smoking status recorded.

Effective staffing

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

- The practice had a comprehensive 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, those reviewing patients with long-term conditions had attended training updates on diabetes, asthma and chronic obstructive pulmonary disease.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources, attending update training 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, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. The practice ran monthly off site training updates for all staff.

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.
- The practice had an electronic decision support and clinical safety system available which helped clinical staff to ensure the care being delivered to patients was appropriate and safe.

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 a policy of booking a patient in for an appointment with their own GP shortly after discharge from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs in order to prevent avoidable, unplanned admission to hospital.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance. The

Are services effective?

(for example, treatment is effective)

practice had a policy of requesting a personal mobile phone number for patients over 14 years old, with mobile phones, so that confidentiality was ensured for younger patients as appropriate.

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- A dietician for diabetic patients was available on the premises and there was a weekly smoking cessation clinic.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 83% 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. The percentage of female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 76%, which was similar to the CCG average of 72% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old who had bowel screening in the preceding 30 months was 68%, which was better than the CCG average of 63% and the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to clinical commissioning group (CCG) averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 97% (CCG 93% to 97%) and five year olds from 93% to 96% (CCG 91% to 96%).

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 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 18 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. Patients told us they found the practice to be a welcoming environment.

We spoke with two members of the patient participation group (PPG). They told us they could not praise the care at the practice highly enough and said their dignity and privacy was always respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 94% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments which was in line with the CCG average of 87% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care which was in line with the CCG average of 82% and the national average of 82%.
- 78% of patients said the last nurse they saw was good at involving them in decisions about their care which was lower than the CCG average of 85% and the national average of 85%.

The practice told us they had experienced recent changes within the nursing team, which included a change in leadership and the recent employment of two new practice

Are services caring?

nurses. The nurses reflected that these changes had an effect on the survey results but that they now had a strong and stable team which should help improve patient experience.

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

- 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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 288 patients as carers (3% of the practice list). The practice employed a dedicated carers' coordinator who contacted patients who were carers to signpost them to available support. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. The call was followed by a patient consultation, where appropriate, at a flexible time and location to meet the family's needs and by giving them advice on how to find a support service. Two patients who had filled in CQC comment cards told us that their GP had provided much needed support at the time of bereavement in the form of a home visit and regular phone calls.

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 early morning clinics from 6.50am to 8am on Mondays, Tuesdays and Fridays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, which included the capacity for patients to use their mobility scooters within the practice. Translation services were available.
- The practice had baby changing facilities and a private area for breast feeding if required.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 8.15am to 6pm daily. Extended hours appointments were offered between 6.50am and 8am on Mondays, Tuesdays and Fridays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 82% of patients were satisfied with the practice's opening hours, which is better than the CCG average of 77% and the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone, which is better than the CCG average of 73% and the national average of 73%.

People told us on the day of the inspection that they were always able to get appointments when they needed them and praised the appointments system which they told us suited their needs.

There was a phone triage system in place, which was managed by the emergency care practitioner, supported by a GP. This allowed patients to phone and speak with a clinician, followed by a face to face appointment or a home visit with an appropriate clinician, on the same day as necessary.

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 including a poster in the waiting room and a summary leaflet.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

The practice also had a policy of sharing positive comments from patients with staff in practice meetings and by email. We looked at 33 positive cards and emails from patients received in the preceding six months. Patients praised the positive and caring attitude of staff and the ease of obtaining an appointment.

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. All staff were involved in developing this and knew and understood the values, which included providing a healthy work environment, and valuing the strengths of each team member.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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 team meetings for the whole practice on a regular basis.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the team regularly held social events and staff told us these were well attended.
- We observed a pleasant working environment and staff told us they enjoyed working at the practice.
- 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.
- Staff told us the practice business manager was particularly good at identifying people's attributes and often developed roles around the member of staff.
- The practice had recently attended a training day to help staff to identify their own strengths within the team.

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

Are services well-led?

Good 

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

through surveys and complaints received. The PPG met twice a year and kept in touch between meetings by email, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG regularly carried out patient surveys to help the practice to improve the service they offered. The most recent survey related to communication with patients and results were being analysed at the time of our inspection.

- The practice responded to feedback from the PPG. During a recent meeting one of the PPG members discussed an issue with phone calls explaining that the practice phone number was withheld when the practice called patients. This was causing concerns to some patients as they preferred not to answer anonymous phone calls. The practice responded by altering the phone system so that the number was visible to patients when they received a call from the practice.
- The practice made use of various social media resources and local newsletters to share information such as survey results. There was also a surgery communication book containing this information, which was available in the waiting room for patients who did not have access to other media resources.

The practice had gathered feedback from staff through staff surveys, meetings, appraisals and general

discussion. Staff told us they would feel comfortable giving feedback and discussing any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. The most recent staff survey had received positive comments and staff reflected that they were happy in their roles.

Continuous improvement

There was a 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. The practice had direct involvement in clinical research studies in which patients were invited to participate.

There were plans in place for building new homes in the locality and the practice considered how they would manage the associated increase in patient numbers. There were plans in place to deal with these changes and the practice continually reviewed their clinical staffing structure with this in mind. For example, one of the practice nurses was training to be a nurse prescriber to help alleviate the anticipated extra pressure on GP clinics due to an increase in the practice patient list. The practice told us they were participating in discussions with other local practices to establish a federation of practices with plans to share good practice and provide support to each other.