

# Bellbrooke 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 Bellbrooke Surgery on 29 October 2015. Overall the practice is rated as good for providing safe, effective, caring, responsive and well-led care for all of the population groups it serves.

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 was in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice 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 were involved in care and decisions about their treatment.

- Urgent appointments were available on the same day as requested.
- The practice operated a booked access clinic every weekday from 10.30am to 1pm to enable patients access to a same day appointment with a GP.
- The practice had good facilities and was well equipped to treat and meet the needs of patients.
- The practice sought patient views on how improvements could be made to the service, through the use of patient surveys, the NHS Friends and Family Test and the patient participation group.
- There was a clear leadership structure and staff were supported by management.
- 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.

- There was a nominated lead and effective systems in place for reporting mechanisms, safety issues and looking at where improvements could be made in patient safety and experience.
- Lessons were shared to ensure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- There were effective processes in place for safe medicines management.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were in line with both local and national figures.
- Staff assessed patient 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 staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.
- The practice employed an IT consultant who looked at clinical performance data and reports to support improvements in service delivery and patient care.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed patients rated the practice in line with other local and national providers for several aspects of care.
- The majority of patients said they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness, respect and maintained confidentiality

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Leeds South and East Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients we spoke with said they found it easy to make an appointment.
- The practice operated an open access clinic every weekday from 10.30am to 1pm to enable patients access to a same day appointment with a GP.
- All urgent care patients were seen on the same day as requested.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was an accessible complaints system. Evidence showed the practice responded quickly to issues raised and learning was shared with staff.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- 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 practice had systems in place for acting on notifiable safety incidents.
- The provider was aware of and complied with the requirements of the Duty of Candour. (This is a legal duty on hospital, community and mental health trusts to inform and apologise to patients if there have been mistakes in their care that have led to significant harm.) The partners encouraged a culture of openness and honesty.
- Staff were encouraged to raise concerns, provide feedback or suggest ideas regarding the delivery of services. The practice

Good



# Summary of findings

proactively sought feedback from patients through the use of patient surveys, the NHS Friends and Family Test and the patient participation group. For example, with regard to access to the practice by telephone.

- 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.

Good



- The practice provided proactive, responsive and personalised care to meet the needs of the older people in its population. It offered home visits and urgent appointments for those patients with enhanced needs.
- A practice matron had recently been employed to case manage elderly patients and those patients who had a high risk of an unplanned hospital admission.
- The practice worked closely with other health and social care professionals, such as the district nursing team, to ensure housebound patients received the care they needed.

### People with long term conditions

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

Good



- All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. The practice nurses had lead roles in chronic disease management and patients at risk of a hospital admission were identified as a priority.
- Patients with diabetes and chronic obstructive pulmonary disease (a disease of the lungs) were managed using the House of Care model. This model enabled patients to have a more pro-active part in determining their own care and support needs in partnership with clinicians.
- Longer appointments and home visits were available when needed.

### 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 accident and emergency (A&E) attendances. Also those children living in communities that practiced female genital mutilation (FGM).

# Summary of findings

- Patients and staff told us children and young people were treated in an age-appropriate way and were recognised as individuals.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Drop in baby clinics were available for childhood checks and immunisations.
- All children who required an urgent appointment were seen on the same day as requested.
- Childhood immunisation and cervical screening uptake rates were comparable to other practices in the locality.
- The practice worked with midwives, health visitors and school nurses to support the needs of this population group. There was raised awareness of issues and support provided for expectant mothers who had experienced FGM.

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

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

- The needs of these patients 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 offered earlier and late evening appointments on Monday and Wednesday.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Longer appointments were available for patients as needed.
- The practice regularly worked with multidisciplinary teams in the case management of vulnerable people. Information was provided on how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them

Good



# Summary of findings

vulnerable. They 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 practice was proactive in monitoring the prevalence of female genital mutilation (FGM) within the practice population. Patients identified as having experienced FGM were appropriately coded on the computer system and multi-agency referrals and monitoring took place.

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

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

- The practice regularly worked with multidisciplinary teams in the case management of people in this population group, for example the local mental health team. Patients and/or their carer were given information on how to access various support groups and voluntary organisations.
- There was advance care planning for patients with dementia.
- 92% of patients who were diagnosed as having dementia had received a face to face review of their condition in the past 12 months. This was higher than the CCG average of 90%.
- There was 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 people who had dementia or mental health needs.

Good





# Summary of findings

## What people who use the service say

Results from the NHS England GP patient survey published in July 2015, showed the practice's performance was variable compared to local and national averages. There were 464 survey forms distributed and 104 were returned. This was a response rate of 22.4%, which represents 0.8% of the practice population. Bellbrooke Surgery's performance was below average in relation to some responses, compared to other practices located within Leeds South and East Clinical Commissioning Group (CCG) and nationally:

- 56% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.
- 65% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.
- 55% feel they didn't have to wait too long to be seen compared to the CCG average of 60% and the national average of 58%

The practice had taken steps to address the issues relating to access by telephone and had reduced the number of calls waiting in the queue to be answered from 50 to 20. They had identified a shortage of staff on reception was also a contributory factor. In response, they had increased the number of staff available to answer the telephone. The practice manager informed us they were continuing to evaluate the issue of telephone access and the impact on patient experience.

The practice was above average or comparable for some responses:

- 87% found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%
- 68% said they usually get to see or speak with their preferred GP compared to the CCG average of 56% and the national average of 60%
- 96% said the last appointment they got was convenient compared to the CCG average of 91% and the national average of 92%
- 83% said they were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 83% and the national average of 85%
- 71% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.

The results of the most recent NHS Friend and Family Test (July 2015) showed that 100% of respondents said they would be extremely likely to recommend Bellbrooke Surgery to friends and family.

As part of the inspection process we asked for CQC comment cards to be completed by patients. We received three comment cards, one was positive, one was negative and one was regarding a pharmacy.

During the inspection we spoke with 14 patients, the majority of whom told us they found it easy to access the practice by telephone. Although some said there had been difficulties previously. All the patients, with the exception of one, said they didn't have to wait more than 15 minutes after their appointment time to be seen.

## Areas for improvement

# Bellbrooke 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 second CQC inspector, a GP advisor, a practice manager advisor and an expert by experience (a person who has experience of using primary care services).

## Background to Bellbrooke Surgery

Bellbrooke Surgery is situated in the centre of Harehills, Leeds and is part of the Leeds South and East CCG. The practice is located in a large purpose built building. There is one main reception area as you enter the premises with a downstairs patient waiting area. There is also another patient waiting area on the first floor, which is accessible by a lift or stairs. CCTV is in operation and monitored by reception and administration staff. There are consulting and treatment rooms on both floors.

The practice is located in one of the most deprived areas nationally, with a high level of unemployment and a lower than national average of life expectancy. It has a patient list size of 12,995 with a higher than national average percentage of patients who are aged between 0 to 18 years and a lower percentage of patients aged 65 years and above. The patient population consists of 48% white British and 52% from black and minority ethnic backgrounds; incorporating 53 different languages. The practice can evidence a 10% turnover of patients in the last 12 months, through monthly audit. This has proved to be challenging for the practice in terms of capacity, access and patient communication.

The practice have good working relationships with local health, social and third sector services to support provision of care and support to its patients. (The third sector includes a very diverse range of organisations including voluntary, community, tenants' and residents' groups.)

The practice is open between 8am to 8pm Monday and Wednesday and 8am to 6pm Tuesday, Thursday and Friday. When the practice is closed, out-of-hours services are provided by Local Care Direct.

Personal Medical Services (PMS) are provided under a contract with NHS England. Bellbrooke Surgery is registered to provide the following regulated activities; maternity and midwifery services, family planning, surgical procedures, diagnostic and screening procedures and treatment of disease, disorder or injury. They also offer a range of enhanced services such as extended hours, minor surgery, influenza, pneumococcal and childhood immunisations.

Bellbrooke Surgery is a teaching practice for GP trainees and medical students.

## Why we carried out this inspection

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations, such as NHS England and Leeds South and East CCG, to share what they knew about the practice. We reviewed the latest 2014/15 data from the Quality and Outcomes Framework (QOF) and the latest national GP patient survey results (July 2015). We also reviewed policies, procedures and other relevant information the practice provided before and during the day of inspection.

We carried out an announced inspection at Bellbrook Surgery on the 29 October 2015. During our visit we:

- Spoke with a range of staff, which included two GPs, the practice manager, the operations manager, a practice nurse and two reception/administration staff.
- Spoke with 14 patients who used the service.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Observed how people were being cared for and talked with carers and/or family members.
- Looked at templates and information the practice used to deliver patient care and treatment plans.

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 are provided for specific groups of people and what good care looks 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 operations manager of any incidents and there was also a recording form available on the practice's computer system.
- The practice carried out an analysis of the significant events. There was a nominated lead who looked at the reporting mechanisms, safety issues and where improvements could be made in patient safety and experience.
- We reviewed safety records, incident reports 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, it had been identified there had been a trend in some pharmacy related issues. Actions been taken to improve communication and provide training. Learning had been disseminated to all staff.

### Overview of safety systems and processes

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

- Arrangements which reflected relevant legislation and local requirements were in place to safeguard children and vulnerable adults from abuse. Policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GPs acted in the capacity of safeguarding lead and had been trained to the appropriate level. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- The practice coded applicable patients' records where female genital mutilation had taken place. Where there were young females in the family these were also raised as a potential safeguarding concern. The appropriate authorities were alerted in line with legislation. The practice had good links with social services, the local safeguarding team and the police.
- A notice was displayed in the waiting room, advising patients that a chaperone was available if required. (A

chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure.) All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS). (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 GP recorded in the patient's records when a chaperone had been in attendance.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. We saw up to date cleaning schedules in place. A practice nurse was the infection prevention and control (IPC) lead who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We were informed the practice manager and IPC lead undertook an IPC audit every three to six months. We saw evidence that action was taken to address any improvements that had been identified.
- There were arrangements in place for safe management of medicines, including emergency drugs and vaccinations. Prescription pads and blank prescriptions were securely stored and there were systems in place to monitor their use. Regular medication audits were carried out with the support of the local CCG pharmacy teams, to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Patient Group Directions, in line with legislation, had been adopted by the practice to allow nurses to administer medicines. The practice also had a system for the production of Patient Specific Directions to enable health care assistants to administer vaccinations.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken, for example proof of identification, qualifications and references. The practice manager informed us they had recently applied for up to date DBS checks for all staff.

### Monitoring risks to patients

Risks to patients were assessed and well managed. There were comprehensive procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills.

## Are services safe?

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 also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health and legionella.

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 to ensure there was enough staff on duty.

### **Arrangements to deal with emergencies and major incidents**

The practice had adequate arrangements in place to respond to emergencies and major incidents. We saw evidence that:

- 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. There was emergency equipment available, such as a defibrillator and oxygen, which had pads and masks suitable for both children and adults. Emergency medicines were easily accessible to staff in a secure area and all staff knew of their location. All the medicines and equipment we checked were in date and fit for use.
- 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 patient needs and delivered care in line with relevant and current evidence based guidance and standards, such as the National Institute for Health and Care Excellence (NICE) best practice guidelines. There were systems in place to keep staff up to date and have access to the latest guidance. Effective use of guidance was monitored through risk assessment, audit and patient reviews.

### 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% of the total number of points available, with 9.6% exception reporting. The practice was not an outlier for any QOF, or other national, clinical targets. The latest QOF data showed:

- Performance for diabetes related indicators was 88.2%, which was higher than the local CCG average of 86.4% but slightly lower than the national average of 90.1%
- The percentage of patients with hypertension having regular blood pressure tests was 89%, which was higher than the local CCG of 85.8% and the national average of 88.4%
- Performance for mental health related indicators was 100%, which was higher than the local CCG of 92% and the national averages of 90.4%.
- Performance for dementia related indicators was 88.5%, which was below the local CCG average of 90.5% and the national average of 94.5%.

The practice employed an IT consultant who looked at QOF and other data and reports to support improvements in service delivery and patient care.

Clinical audits could demonstrate quality improvement. There had been 15 clinical audits completed in the last two years. We looked at two of these which were completed

audits where improvements had been implemented and monitored. The practice participated in applicable local audits, national benchmarking, accreditation and peer review.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment. Evidence we reviewed showed:

- Staff had received mandatory training that included safeguarding, fire procedures, infection prevention and control, basic life support and information governance awareness. The practice had an induction programme for newly appointed staff which also covered those topics.
- Individual training and development needs had been identified through the use of appraisals, meetings and reviews of practice development needs. Staff had access to in house and external training and e-learning. All staff had received an appraisal in the previous 12 months.
- Staff told us they were supported by the practice to undertake any training and development.
- All GPs were up to date with their revalidation and appraisals.

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to clinical staff in a timely and accessible way through the practice's patient record system and their intranet system. This included risk assessments, care plans, medical records, investigation and test results. Information such as NHS patient information leaflets were also available.

Staff worked with other health and social care services to understand and meet the complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, such as when they were referred or after a hospital discharge. We saw evidence multidisciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

The practice held a range of weekly and monthly meetings between the clinical staff, where they shared information regarding patient care, outcomes and concerns, such as any safeguarding issues.

# Are services effective?

(for example, treatment is effective)

The practice could evidence how they followed up patients who had attended accident and emergency (A&E), or who had an unplanned hospital admission.

## Consent to care and treatment

Staff understood the relevant consent and decision-making requirements of legislation and guidance, such as the Mental Capacity Act 2005. Patients' consent to care and treatment was sought in line with these. Where a patient's mental capacity to provide consent was unclear, the GP or nurse assessed this and, where appropriate, recorded the outcome of the assessment.

When providing care and treatment for children 16 years or younger, assessments of capacity to consent were also carried out in line with relevant guidance, such as Gillick competency. This is used in medical law to decide whether a child is able to consent to his or her own medical treatment, without the need for parental permission or knowledge.

## Health promotion and prevention

The practice identified patients who may be in need of extra support and signposted them to relevant services. These included patients:

- who were in the last 12 months of their lives
- at risk of developing a long term condition

- required healthy lifestyle advice, such as dietary, smoking and alcohol cessation
- who acted in the capacity of a carer and may have required additional support

The practice encouraged its patients to attend national screening programmes for bowel and breast cancer. Cervical screening was offered by the practice and their uptake was 92%, which was higher than the national average of 82%. The practice actively reminded patients who did not attend for their cervical screening test; by telephone and letters.

The practice carried out immunisations in line with the childhood vaccination programme. Uptake rates were comparable to the national averages. For example, children aged 24 months and under ranged from 86% to 100% and for five year olds they ranged from 81% to 95%.

The practice offered seasonal flu vaccinations for eligible patients. The uptake rate for patients aged 65 and over was 77%. Uptake for those patients who were in a defined clinical risk group was 56%. These were both higher than the national averages of 73% and 52% respectively.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. Where abnormalities or risk factors were identified, appropriate follow-ups had been undertaken.



# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

During our inspection we observed that:

- Members of staff were courteous and helpful to patients and treated them with dignity and respect.
- Curtains were provided in consulting and treatment rooms to maintain the patient's dignity during examinations, investigations and treatment.
- Doors to consulting and treatment rooms were closed during patient consultations and we could not hear any conversations that may have been taking place.
- There was a private room available should patients want to discuss sensitive issues or appeared distressed.

During the inspection we spoke with 14 patients, of mixed age, gender and ethnicity. All the patients we spoke with, with the exception of one, told us they were satisfied with the care they received and they were treated with dignity and respect.

Data from the July 2015 national GP patient survey showed respondents rated the practice higher than the local CCG and national average to questions regarding how they were treated. For example:

- 90% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%
- 90% said the GP gave them enough time compared to the CCG average of 85% and national average of 87%
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%
- 86% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%
- 92% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 90%

- 87% said they found the receptionists at the practice helpful compared to the CCG average of 85% and national average of 87%

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

All the patients we spoke with told us they felt listened to and had sufficient time during a consultation to make an informed decision about the choices available to them. However, four patients told us they had not been involved in making decisions about the care and treatment they had received.

Results from the national GP patient survey showed respondents rated the practice above the local CCG and national averages to questions about their involvement in planning and making decisions about their care and treatment. For example:

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 83% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%

Staff told us translation services were available for patients who did not have English as a first language. We saw that leaflets and information in other languages were displayed in the patient waiting area.

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

We saw there were a number of notices in the patient waiting areas informing patients and carers how to access further support through several groups and organisations. The practice had a carers' register in place and patients who acted in the capacity of carer had an alert on their electronic record to notify clinicians.

We were informed that if a patient had experienced a recent bereavement, additional support was offered by the GP as needed



# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

Services were planned and delivered to take into account the needs of different patient groups and to help provide flexibility, choice and continuity of care. For example:

- The practice offered extended hours from 8am to 8pm on Monday and Wednesday for patients who found it difficult to during normal opening hours, for example the working age population.
- There were longer appointments available for patients who were in need of one.
- Home visits were available for patients who could not physically access the practice.
- Urgent access appointments were available for children and those patients who were in need of one.
- There were disabled facilities and a hearing loop in place. However, staff told us they did not know how to operate this equipment. The practice manager advised us training would be made available to staff.
- Translation services were available for patients who did not have English as a first language.

### Access to the service

The practice was open from 8am to 8pm Monday and Wednesday and 8am to 6pm Tuesday, Thursday and Friday. Appointments were available 8.30am to 1pm each weekday; 3pm to 5.30pm Tuesday, Thursday and Friday; 3pm to 8pm Monday and Wednesday.

Appointments could be pre-booked up two weeks in advance and urgent appointments were available the same day as requested. The practice operated a booked access clinic every weekday from 10.30am to 1pm to enable patients access to a same day appointment with a GP.

Results from the national GP patient survey showed that respondents' satisfaction with how they could access care and treatment was variable compared to the CCG and national averages. For example:

- 80% were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 76%.
- 56% said they could get through easily to the surgery by phone compared to the CCG average of 71% and national average of 74%.

- 71% described their experience of making an appointment as good compared to the CCG average of 71% and national average of 74%.
- 65% said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 71% and national average of 65%.

All of the patients we spoke with on the day had made their appointment either that morning or no more than 48 hours previously.

The practice had taken steps to address the issues relating to access by telephone and had reduced the number of calls waiting in the queue to be answered from 50 to 20. They had also identified that a shortage of staff on reception was a contributory factor. Again, they had increased the number of staff available to answer the telephone. The practice manager informed us they were continuing to evaluate the issue of telephone access and the impact on patient experience.

We were informed the practice undertook regular audit and reviews of demand and capacity around appointments. We saw evidence to support this.

### 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 information displayed in the waiting area to help patients understand the complaints system.
- There was a designated responsible person who handled all complaints in the practice.
- All complaints and concerns were discussed at the weekly practice meeting.
- The practice kept a register for all written complaints.

There had been 25 complaints received in the last 12 months. We found they had been satisfactorily handled and had identified any actions. Lessons were learnt and action was taken to improve quality of care as a result. For example, some issues regarding telephone access had resulted in the practice engaging with the patient participation group to look at ways of improving the system.

# 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. There was a mission statement in place which identified the practice values. All the staff we spoke with knew and understood the practice vision and values. There was a robust strategy and supporting business plans in place which were regularly monitored.

### Governance arrangements

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

- A clear staffing structure and staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and available to all staff
- A comprehensive understanding of practice performance
- A programme of continuous clinical and internal audit which was used to monitor quality and drive improvements
- Robust arrangements for identifying, recording and managing risks
- Priority in providing high quality care

### Leadership, openness and transparency

The partners and management team had the experience, capacity and capability to run the practice. We were informed there was an open and honest culture within the practice and that the delivery of safe, high quality and compassionate care was a priority.

The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour means health care professionals must be open and honest with patients when something goes wrong with their treatment or care which causes, or has the potential to cause harm.) There were systems in place for being aware of notifiable safety incidents.

There was a clear leadership structure in place. Staff told us all partners and members of the management team were visible, approachable and took the time to listen. Systems were in place to encourage and support staff to raise concerns and a 'no blame' culture was evident.

Regular meetings were held where staff had the opportunity to raise any issues, felt confident in doing so and were supported if they did. Staff said they felt respected, valued and appreciated.

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from patients through the patient participation group (PPG), patient surveys, the NHS Friend and Family Test, complaints and compliments received.

The PPG was a 'virtual' group who were consulted via email and post, rather than face to face meetings; this was a decision which had been made by PPG members. They were engaged with the practice and made recommendations, which were acted upon. For example, it had been identified there was an issue regarding practice nurse consulting time. As a result the practice had looked at skill mix and provided training for the health care assistants, to enable them to take on a wider range of duties. This had freed up some practice nursing time to support an increase in patient contact.

The practice also gathered feedback from staff through meetings, discussion and the appraisal process. Staff told us they felt involved and engaged in the practice to improve service delivery and outcomes for patients.

### 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 and national schemes to improve outcomes for patients in the area. For example: Bellbrooke Surgery were currently working with other practices and the CCG in the development of a patient liaison service to support patients who used primary care and community services. Also one of the practice nurses was leading on the nurse revalidation scheme working alongside the local CCG.

This section is primarily information for the provider

## Enforcement actions

### Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.