

The Family 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 The Family Surgery on 9 March 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events and the practice shared these with other providers. Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients about their care was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.

Summary of findings

- The practice actively reviewed complaints and how they are managed and made improvements as a result.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw areas of outstanding practice:

- The practice used every opportunity to learn from internal and external incidents to improve patient safety and to make improvements to patient care. Learning was based on a thorough analysis and investigation of all incidents, both internal and external, and lessons were shared both internally and externally.

- An annual staffing needs audit is carried out to ensure administrative and technological demands of delivering the GP contract are being met. Appropriate changes are implemented promptly.

There was one area where the provider should make improvements:

- The provider should review arrangements for patients to access a female GP.

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



- All staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses and there was an effective system in place for reporting and recording significant events.
- The practice used every opportunity to learn from internal and external incidents to support improvement. Learning was based on a thorough analysis and investigation of all incidents, both internal and external, which impacted on patient care. Lessons were shared both internally and externally to make sure action was taken to improve safety in the practice.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- When there were unintended or unexpected safety incidents, patients received support, truthful information and a verbal or 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.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- 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.
- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- There was evidence of appraisals and personal development plans for all staff.

Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice above others for most aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture. We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this.
- Information for patients about the services available was easy to understand and accessible.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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 implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients with quality and safety as its top priority. Staff were clear about the vision and their responsibilities in relation to this.

Good



Summary of findings

- High standards were promoted and owned by all practice staff and the team worked together across all roles.
- 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 reporting notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- 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

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were mixed.
- The percentage of people with chronic obstructive pulmonary disease (COPD) who received a seasonal flu vaccination was above the CCG and national average.
- Longer appointments and home visits were available for older people when needed.

People with long term conditions

Good



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.
- Nationally reported QOF data for 2014/15 showed that outcomes for patients with diabetes were below the CCG and national average. However the practice had taken action to address the issue and current data showed an improvement.
- Longer appointments and home visits were available when needed.
- Patients with long-term conditions had a named GP and a structured annual review of their health and medicines needs. 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.

Families, children and young people

Good



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

- There were systems in place to identify and follow up children and young people who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.

Summary of findings

- 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.
- Cervical screening rates were comparable with the CCG and national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Working age people (including those recently retired and students)

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

- The needs of the working age population and those recently retired 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. Patients could book appointments and order repeat prescriptions online.
- A full range of health promotion and screening was available that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Annual health checks had been carried out for all people with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients 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.

Good



Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

- The percentage of patients with diagnosed poor mental health who had a comprehensive agreed care plan in the last 12 months was 91.7%. This was comparable to the national average of 88.5%.
- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 71.9%. This was lower than the national average of 84.0%.
- The practice regularly worked with multi-disciplinary teams in the management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice told patients experiencing poor mental health 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 when they had been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia. All staff, both clinical and non-clinical, had received Mental Capacity Act training and several staff had undertaken dementia awareness training.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above the national average in all areas. There were 240 survey forms distributed and 115 forms were returned. The response rate was 47.9% (2.9% of the patient list).

- The percentage of respondents who gave a positive answer to 'Generally, how easy is it to get through to someone at your GP surgery on the phone?' was 96.1% compared to a national average of 73.3%.
- The percentage of respondents who stated that the last time they wanted to see or speak to a GP or nurse they were able to get an appointment was 84.4% compared to a national average of 76.0%.
- The percentage of respondents who described the overall experience of their GP surgery as fairly good or very good was 91.6% compared to a national average of 85.1%.
- The percentage of respondents who stated that they would definitely or probably recommend their GP surgery to someone who has just moved to the local area was 89.3% compared to a national average of 79.3%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 18 comment cards which were all positive about the standard of care received. Patients described the service as excellent and staff as polite and helpful. Patients stated that they were always able to get an appointment when they needed and that clinical and administrative staff were always professional and caring.

We spoke with six patients during the inspection. All six patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us they did not feel rushed during consultations and found it easy to obtain an appointment with the GP of their choice.

Results from the recent Friends and Family Test confirmed that 100% of patients were likely or extremely likely to recommend the surgery to their friends and family.

The Family Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Inspector. A GP Specialist Advisor was also present.

Background to The Family Surgery

The Family Surgery is situated in the London Borough of Bromley. Bromley Clinical Commissioning Group (CCG) is responsible for commissioning health services for the locality.

Services are provided from one location at 7 High Street, Green Street Green, Orpington, Kent BR6 6BG. The premises is leased, ground floor accommodation in a small commercial complex in Green Street Green High Street. A pharmacy is situated in the adjoining property. The premises includes a large reception office, a large waiting room, two consultation rooms and two treatment rooms.

The practice has 3936 registered patients. The practice age distribution is similar to the national average for most age groups with a slightly lower than average rate for patients 20 to 40 years and a slightly higher than average rate for patients 65 years and over. The surgery is based in an area with a deprivation score of 10 out of 10 (with 10 being the least deprived).

The practice operates under a General Medical Services (GMS) contract. They provide several local and national enhanced services (enhanced services require an enhanced level of service provision above what is normally required under the core GP contract).

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

Clinical services are provided by two full time GP partners (male) and two part-time female Practice Nurses (0.7 wte). The administrative staff include a Practice Manager (1.0 wte) and administration, reception and secretarial staff (2.9 wte).

The practice reception and telephone lines are open from 08.00 and 18.30 hours Monday to Friday. Pre-booked and urgent appointments were available from 8.30 to 12.00 hours and 14.00 to 18.30 hours Monday to Friday. The practice is closed at weekends. When the surgery is closed the out of hours GP services provider is accessed via NHS 111.

A practice leaflet was available and the practice website www.thefamilysurgeryorpington.nhs.uk included details of services provided by the surgery and within the local area.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

We carried out an announced comprehensive inspection on 9 March 2016. Before carrying out the inspection we reviewed a range of information we hold about the practice and asked other organisations to share what they knew.

During our visit we:

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

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a proactive approach to anticipating and managing risks demonstrated by all staff within the practice. Effective systems were embedded in the day to day activity of the practice for reporting and recording all significant events when they occurred. All staff we spoke to understood their own responsibilities in relation to identifying and reporting incidents. Staff told us they would inform the practice manager of any incidents and that the practice carried out a thorough analysis of all significant events and shared the learning with all staff.

We reviewed incident reports and minutes of meetings. Learning from all incidents was shared to make sure action was taken to improve safety within the practice and externally. Significant events were discussed with staff and with people outside the practice so that suggestions for improvements in patient care could be shared. For example, a patient had received a pneumococcal vaccination at a local pharmacy. When entering this on the electronic record system it was noted that the patient had already received the vaccination previously. The practice raised their concerns with the pharmacy, encouraging them to check a patient's immunisation status with the practice prior to administration. The practice also contacted NHS England reporting their concerns that the current governance arrangements for this service do not protect patients who may forget their immunisation history.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, a child's vaccination was administered one month early. The error was immediately recognised and a full explanation and apology was given to the parent. All relevant external agencies were notified and advice was taken on immediate and future management of the child. The error and subsequent management was discussed in detail by all members of the clinical team. As a result the practice policy and procedure for the administration of vaccines was revised to include a more robust pre-immunisation check procedure.

Overview of safety systems and processes

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

- Arrangements to safeguard children and vulnerable adults, that reflected relevant legislation and local requirements and policies, were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs and nurses were trained to Safeguarding Level 3.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all members of staff had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The Practice Manager who is a Registered General Nurse (RGN) was the infection control lead and 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. For example, soft furnished chairs in the waiting area had been replaced with chairs with wipeable material and the trolley in the treatment room had been replaced.
- The arrangements for managing medicines, including emergency drugs and vaccines, kept patients safe (including obtaining, prescribing, recording, handling, storing and security).

Are services safe?

- The practice carried out regular medicines audits with the support of the local CCG pharmacy teams to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription 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. An annual audit was carried out to ensure that practice nurses were fully compliant with PGDs when administering vaccines and maintaining patient records. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.)
- We reviewed seven 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.
- 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. Practice nurses carried out a six monthly audit to review the number of inadequate smears obtained. There had been no inadequate samples sent in the past 12 months.

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 the health and safety representative. 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 and mix of staff needed to meet patients' needs. An annual staffing needs audit carried out in October 2015 revealed that due to the increasing administration and technological demands of delivering the GP contract, additional hours and flexibility were required. This increase was actioned over the subsequent two months increasing administrative hours by 10 hours per week. The Practice Manager also carried out a monthly audit of the number of patients leaving and joining the practice to identify significant changes which may impact on staffing levels. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. All staff, including GPs, worked additional hours during periods of planned absence by colleagues to ensure cover was provided by staff who were familiar with the practice processes and procedures.

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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and 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. Several copies were kept off site in the event that the premises became inaccessible.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice.) The most recent published results (2014/15) showed that the practice achieved 93.7% of the total number of points available which is comparable to the CCG and national average. The practice exception reporting rate of 7.0% was comparable to the CCG average of 8.0% and national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.)

Data from 2014/15 showed:

- The percentage of patients with hypertension having a blood pressure reading within acceptable limits in the preceding 12 months was 81.1%. This was similar to the CCG average of 80.0% and national average of 83.6%.
- Performance for mental health related indicators was 100% which was above the CCG average of 90.9% and national average of 92.8%.
- The percentage of patients with COPD (chronic obstructive pulmonary disease) having a review undertaken in the preceding 12 months was 90.5%. This was similar to the CCG average of 90.6% and national average of 89.8%.

- Performance for diabetes related indicators was 71.2% which was lower than the CCG average of 87.0% and the national average of 89.2%. The practice had recognised the need to improve the management of diabetes when the 2013/14 QOF results for diabetes related indicators indicated a below average performance rate of 52.6%. This was significantly below the CCG average of 86.6% and national average of 90.1%. A new annual review process was implemented and the practice nurse undertook training in the management of diabetes. As a result, performance for diabetes related indicators increased by almost 20% for the year 2014/15. The percentage of newly diagnosed patients who were referred to a structured education programme was 100% for 2014/15 compared to a CCG average of 90.1% and a national average of 90.3%. All other diabetes related indicators showed an improvement for the current year.

Clinical audits demonstrated quality improvement. There had been six clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example,

- A two-cycle audit was carried out which aimed to improve the management of patients with diabetes. The practice redesigned and implemented an improved procedure for the management and review of this group of patients. A baseline audit was performed at the end of December 2015 to review the success of the revised procedure and identify improvements in outcomes for patients. The audit showed there were still a number of patients who had not received an annual review which led to a further revision of the procedure. A repeat audit was performed at the end of February 2016 revealing that nearly all diabetic patients had been reviewed in the past 12 months and where appropriate, changes to treatment had been implemented. All patients now had documented review dates to be recalled at the appropriate time and current QOF data showed that improvements had been achieved in all diabetes related outcomes.
- A second completed audit carried out as a two cycle audit was aimed at improving the prescribing of hypnotics (medicines to aid sleeping). The practice had historically exhibited a high rate of hypnotic prescribing.

Are services effective?

(for example, treatment is effective)

Following the initial audit, changes were made in the prescribing of hypnotics within the practice and some improvements were seen. A further audit was completed in February 2014 when the practice implemented a more consistent effective policy for the prescribing of hypnotics within the practice. A repeat audit in December 2015 revealed a further reduction of 28 patients taking hypnotics (138 patients reduced to 110).

Information about patients' outcomes was used to make improvements. The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff reviewing patients with long-term conditions undertook diploma level training in the management of diabetes and asthma. 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 and discussion at practice meetings and meetings with other local practice nurses.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- All staff received mandatory training that included: safeguarding children and vulnerable adults; infection control; fire safety; basic life support; infection control; equality diversity and human rights; Mental Capacity Act and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Both partners carried out an annual audit of their referrals to identify any trends or areas of concern that need to be addressed. For example, both GPs identified an increase in Ophthalmology referrals following requests from Opticians. They continue to monitor the trend to confirm that referrals are appropriate.

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. Meetings were minuted and shared with all staff. Care plans were routinely reviewed and updated.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act (MCA) 2005. All staff had undertaken Mental Capacity Act training.

Are services effective?

(for example, treatment is effective)

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent, in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear, the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- A counsellor was available on the premises and provided one session a week.
- Smoking cessation advice and support was available from the practice nurses.
- The uptake for the cervical screening programme was 85.1%, which was comparable to the national average of

81.8%. The practice demonstrated how they encouraged uptake of the screening programme by following up non-attenders with test reminders. They ensured a female sample taker was available.

- The practice encouraged its patients to attend national screening programmes for bowel and breast cancer screening and actively encouraged patients who had failed to attend.
- Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 93% to 100% and five year olds from 91% to 98%.
- Flu vaccination rates for patients with diabetes were 89.5% which was comparable with the national average of 94.5%.
- The percentage of patients with asthma who had a review in the preceding 12 months was 71.4% which was comparable with the national average of 75.4%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Screens 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. A patient had previously reported to the practice manager that occasionally parts of conversations could be heard from one of the consulting rooms. The practice had therefore purchased a Performing Rights licence to enable them to play quiet background music in the waiting room to obscure any sound from consultations. This was effective and patients told us they appreciated the introduction of music in the waiting room.
- When reception staff knew 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.

All six patients we spoke to during the inspection were positive about the care they received. Patients told us they thought staff were approachable, committed and caring; they did not feel rushed during consultations and found it easy to obtain an appointment with the GP of their choice. We spoke with two members of the patient participation group. They told us they were very satisfied with the care provided by the practice and said the dignity and privacy of patients was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice satisfaction scores on consultations with GPs and nurses were comparable with the CCG and national average. For example:

- 89.4% said the last GP they saw or spoke to was good at giving them enough time compared to the CCG average of 84.0% and national average of 86.6%.
- 94.5% said they had confidence and trust in the last GP they saw or spoke to compared to the CCG average of 94.8% and national average of 95.2%.
- 91.3% said the last GP they saw or spoke to was good at listening to them compared to the CCG average of 86.9% and national average of 88.6%.
- 97.6% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 96.5% and national average of 97.1%.
- 95.0% said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 90.3% and national average of 91.0%.
- 89.4% said they found the receptionists at the practice helpful compared to the CCG average of 86.3% and national average of 86.8%.

Care planning and involvement in decisions about care and treatment

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

There was a strong patient-centred culture. Staff were highly-motivated to offer quality care and relationships between staff and patients were caring and supportive. Relationships with external stakeholders were also valued and encouraged in order to ensure the best possible care was available for patients.

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:

- 93.8% said the last GP they saw or spoke to was good at explaining tests and treatments compared to the national average of 86.0%.

Are services caring?

- 83.5% said the last GP they saw or spoke to was good at involving them in decisions about their care compared to the national average of 81.6%.
- 89.8% said the last nurse they saw or spoke to was good at involving them in decisions about their care compared to the national average of 85.0%.

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

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1.5% of the practice list as carers. The practice manager was the dedicated carers' support lead for the practice. She liaised regularly with the local carers support service. Carers were identified through new registrations and opportunistically

by reception and clinical staff who would alert the practice manager if they became aware of a patient who was also a carer. The practice manager would make contact with the patient and offer support, signposting and information as appropriate. Written information was available in the waiting room to direct carers to the various avenues of support available to them and the practice manager would contact carers personally if she became aware of new support services they might find helpful.

Staff told us that if families had suffered bereavement this would be recorded on the clinical system to inform and alert staff. Patients would be contacted by telephone or sent a letter or sympathy card. Contact would be made by the member of staff who had the most contact with the bereaved family member. This contact was followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to access support services.

Staff told us that the partners had a flexible approach to charging for services with a fee attached. If patients had financial difficulties the fee would not be charged.

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.

- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those who requested them.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice no longer offered extended opening hours. Evening sessions were stopped in 2012 due to poor attendance. The practice regularly reviewed the response from the National Patient Survey and practice surveys to ensure that patients remained satisfied with the practice's opening hours.
- Disabled access into the premises was provided by a ramp. An assessment had been carried out to ensure the practice complied with the requirements of the Disability Discrimination Act.
- Interpreting services were available.

Access to the service

The practice was open between 08.00 and 13.00 hours and 14.00 to 18.30 hours Monday to Friday. The practice was closed from 13.00 to 14.00 hours. Telephone lines remained open during this period and the surgery could be accessed if required by pressing the entrance bell.

Appointments were available from 8.30 to 12.00 hours and 14.00 to 18.30 hours Monday to Friday. Pre-bookable appointments could be booked up to four months in advance and urgent appointments were available daily for patients who requested them. These appointments could be booked by telephone, via the website or in person at reception.

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

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the national average.

- 86.2% of patients were satisfied with the practice's opening hours compared to the national average of 78.3%.
- 96.1% patients said they found it easy to get through to the surgery by phone compared to the national average of 73.3%.
- 77.9% patients said they always or almost always see or speak to the GP they prefer compared to the national average of 36.2%.
- 84.4% of patients said they were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76.1%.

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

Listening and learning from concerns and complaints

The practice had an effective system in place for handling complaints and concerns.

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available in the waiting area and in the practice leaflet to help patients understand the complaints system. Patients were encouraged to submit a written complaint or speak to a member of staff if they were unhappy with any aspect of the service they received.

The practice had received no complaints in the last 12 months. We therefore looked at the two complaints received in the last two years and found these were satisfactorily handled in a timely way, with openness and transparency. Lessons were learnt from the complaints and action was taken as a result to improve the quality of care. For example, the practice manager received a phone call from a relative of a patient who was concerned that the patient's illness had not been identified in the days prior to their admission to hospital, where a diagnosis was made. The practice manager had discussed the concerns with the

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

relative over the phone and offered to meet to discuss the concerns in more detail. The practice investigated the case fully to ensure that all appropriate action was taken and to identify if any changes should be made to current practice.

As the practice had not received any complaints in the last 12 months the practice manager was concerned that they

may be missing areas of concern she therefore introduced a 'verbal comments book in which receptionists were encouraged to note any negative comments made by patients in order to identify any trends in the issues raised. No significant concerns had been reported.

Are services well-led?

Good 

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

Our findings

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a robust strategy and supporting business plans which reflected the vision and values of the practice.

Governance arrangements

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

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

Leadership and culture

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

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 taking action following notifiable safety incidents.

When there were unexpected or unintended safety incidents. The practice gave affected people appropriate support, truthful information and a verbal or written apology. They 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.

- Communication with staff was excellent. We saw evidence of bi-monthly minuted practice meetings attended by all practice staff and clinical meetings attended by the GP partners, practice nurses and Practice Manager. Staff were regularly asked for their opinion of the practice and areas where improvements could be made. Staff told us they felt comfortable making suggestions and felt listened to by the management team. All administrative staff, including the practice manager, sat together in the large reception office which facilitated daily updating and regular open communication.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported by the partners and practice manager. All staff were involved in discussions about how to develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered.
- We were given examples where the practice manager, who is also an experienced practice nurse, provided support and advice to other GP surgeries.

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), the National GP patient survey, the Friends and Family Test (FFT), through in house patient surveys and complaints received.
- There was an active PPG which met regularly, collaborated in the development of patient surveys and submitted improvement proposals to the practice management team. For example, the PPG had pointed out that the ramp providing wheelchair access to the

Are services well-led?

Good 

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

premises was difficult to negotiate for users of mobility scooters due to the surface material. The practice immediately arranged for a non-slip surface to be applied to the ramp to facilitate access.

- The practice had gathered feedback from staff through annual staff surveys, staff meetings, appraisals and general discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The results of the recent anonymous staff survey completed by all staff in the practice rated the following statements as the top ten statements that best describe

the culture of the practice, we are: proud of our practice; professional; openly communicate; quality focused; patient focused; respectful; co-operative; treat people fairly; all take personal responsibility for achieving goals and go the extra mile.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had recently refurbished the treatment room to fulfil the requirements for minor surgery and planned to introduce some minor surgical procedures for patients in the next few months.