

# Sutterton 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 Sutterton Surgery on 17 November 2015. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Most 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.
- 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.
- 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 number of policies and procedures to govern activity, but some were overdue a review.

The areas where the provider should make improvements:

- Improve the system for the identification of carers and vulnerable adults
- Consider the implementation of a training matrix to ensure that all staff receive training relevant to their role. For example, safeguarding training.
- Ensure all staff who act as chaperone have received appropriate training
- Further embed the system for the documentation for the recording of all refrigerator temperatures within the practice.

# Summary of findings

- Review and update procedures and guidance. For example, cold chain policy to provide staff with the guidance on the event of a potential failure.
- Embed a system to check NMC/GMC status for all relevant staff
- Ensure learning from complaints is disseminated to all staff.
- Embed a formalised process for the recording of minutes of meetings.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there are unintended or unexpected safety incidents, people receive reasonable support, truthful information, a verbal and written apology and are 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 people safe and safeguarded from abuse.
- Most risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Our findings at inspection showed that 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.
- Data showed patient outcomes were at or above average for the locality.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above

Good



# Summary of findings

average for all of its satisfaction scores on consultations with doctors and nurses. For example, 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We also saw that staff treated patients with kindness and respect, and maintained confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care.
- The practice offered Urgent telephone advice from 8am to 8.15am and doctor led triage from 8.15am to 10am each day. Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.
- 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.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. However we did not see evidence that 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.

Good



# Summary of findings

- 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 but some were overdue for review. Regular meetings were held but most meetings were not minuted.
- Vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 partner encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

We always inspect the quality of care for these six population groups.

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Longer appointments and home visits were available for older people when needed, and this was acknowledged positively in feedback from patients.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- 85% of patients who had four medicines or more had received an annual review. 2.3% of patients most at risk had a care plan in place.
- Flu vaccination rates for the over 65s were 69% which was slightly below the CCG average of 75.5% and national average of 72.99%. At risk groups 43.2% which was below the CCG average of 56.4% and national average of 53.23%.
- The practice offered a prescription delivery service.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 88% of patients with diabetes had received an annual review. 91% of patients with COPD had received an annual review. 93% of patients with cardiovascular disease had received an annual review.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds and five year olds was 100%.
- 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. For example, the practice offered a sexual health and contraceptive service to patients registered with the practice.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice's performance for the cervical screening programme was 77.8%, which was in line with the national average of 77.9%.
- We saw good examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. For example, a daily morning triage service to enable patients to speak to a GP.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- 92% of patients in this population group had had a blood pressure recorded in the last year.
- Health promotion advice was offered and there was accessible health promotion material available through the practice.

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.

Good



# Summary of findings

- 93% of patients with a learning disability had had an annual review.
- It offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- The practice had started to use the CANTAB mobile dementia tool to screen for dementia. This was brought in following information from the CCG that the dementia prevalence rates were low. Since using the tool the number of patients diagnosed with dementia has risen from 23 to 30 over the past six months.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national patient survey results published on 1 July 2015. The results showed the practice was performing well above local and national averages. 249 survey forms were distributed and the practice had a 50% return rate.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 92% found the receptionists at this surgery helpful compared to a CCG average of 89% and a national average of 87%.
- 91% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 87% and a national average of 85%.
- 97% said the last appointment they got was convenient compared to a CCG average of 92% and a national average of 92%.

- 92% described their experience of making an appointment as good compared to a CCG average of 78% and a national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 70% and a national average of 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were all positive about the standard of care received. Patients said that staff were very extremely helpful, efficient, professional and friendly. The practice is clean and hygienic. Staff are all reliable and provide a very good service with a smile.

We spoke with one patient during the inspection. They told us that they were happy with the care they received and thought that staff were approachable, committed and caring.

## Areas for improvement

### Action the service SHOULD take to improve

- Improve the system for the identification of carers and vulnerable adults
- Consider the implementation of a training matrix to ensure that all staff receive training relevant to their role. For example, safeguarding training.
- Ensure all staff who act as chaperone have received appropriate training
- Further embed the system for the documentation for the recording of all refrigerator temperatures within the practice.
- Review and update procedures and guidance. For example, cold chain policy to provide staff with the guidance on the event of a potential failure.
- Embed a system to check NMC/GMC status for all relevant staff
- Ensure learning from complaints is disseminated to all staff.
- Embed a formalised process for the recording of minutes of meetings.

# Sutterton Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a second CQC Inspector and a GP practice manager specialist advisor.

## Background to Sutterton Surgery

Sutterton Surgery provides primary medical services to approximately 3,750 patients. They cover patients residing in Sutterton and the surrounding area including the villages of Algarkirk, Fosdyke and Wigtoft. The practice also covered areas up to the border of Boston, down to Pinchbeck and across to Holbeach.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

Sutterton Surgery is a single storey building. It has car parking facilities with spaces for patients with a disability. The practice has automatic doors at the entrance. They have two treatment rooms and two consulting rooms.

The practice provide dispensary services to 75% of patients.

At the time of our inspection the practice was run by a sole GP partner (male) and four long term locum GPs (two male and two female). The surgery also employed a practice manager, dispensary manager, two practice nurses, three dispensers and reception and administration staff.

The practice is located within the area covered by South Lincolnshire Clinical Commissioning Group (CCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experienced health professionals to take on commissioning responsibilities for local health services.

South Lincolnshire Clinical Commissioning Group (CCG) comprises of 15 member GP practices. The CCG is split into two localities, Welland and South Holland. The CCG commission services for the populations of Stamford, Bourne, Market Deeping, Spalding, Long Sutton and surrounding areas. The main hospitals serving the population are Peterborough and Stamford Hospitals, Johnson Hospital, Spalding, Queen Elizabeth Hospital, Kings Lynn and Pilgrim Hospital, Boston.

South Lincolnshire has a much higher proportion of older people than the England average, and a lower proportion of young people. The prevalence of diabetes, coronary heart disease, stroke and cancer is higher in South Lincolnshire than for England as a whole.

We inspected the following location where regulated activities are provided:-

Sutterton Surgery, The Surgery, Spalding Road, Sutterton, Boston, Lincolnshire, PE20 2ET

The practice was open Monday to Friday 8.30am to 1pm, and 2.30pm to 6.30pm. The practice had phone in sessions for Urgent telephone advice from 8am to 8.15am and doctor led triage from 8.15am to 10am each day.

A variety of appointments to see a GP were available from 8.30am until 12.30 and 3pm until 5.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

# Detailed findings

The practice offer minor surgical procedures on a Thursday evening. They also provide an on-site dispensing service for patient's convenience.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice.

Sutterton Surgery had opted out of providing out-of-hours services (OOH) to their own patients. The OOH service is provided by Lincolnshire Community Health Services NHS Trust.

## 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

## How we carried out this inspection

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. These 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from South Lincolnshire Clinical Commissioning Group (SLCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 17 November 2015.

We asked the practice to put out a box and comment cards in reception to enable patients and members of the public could share their views and experiences.

During the inspection we spoke with one patient. We reviewed 39 completed comment cards where patients had shared their views and experiences of the service.

During our inspection we spoke with three members of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

On the day of the inspection we spoke with the GP partner, a locum GP, practice manager, two nurses, dispensary manager and members of the dispensary, reception and administration team.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and a recording form was available for staff to complete.
- The practice carried out a thorough analysis of the significant events. We saw from the analysis that lessons were shared to make sure action was taken to improve safety in the practice. However we did not see any formal minutes of meetings held within the practice.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. We saw evidence that NICE guidance had been discussed at a clinical meeting. National patient safety alerts (NPSA) were disseminated by the lead GP and the practice manager. We saw that those actions from any NPSA were undertaken and this included a search of patient records to ascertain if any patients needed a review of their medicines. For example, an MHRA alert re medicines for heart conditions. We did not see any evidence that NPSA were discussed at any meetings held within the practice.
- When there were unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GP 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. The GPs were trained to Safeguarding level 3 responsibilities and most of the staff were up to date with training relevant to their role.

- A notice was displayed in consulting or treatment rooms, advising of the availability of a chaperone, if required. We found that not all staff who acted as chaperones were trained for the role but all had received a disclosure and barring 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 practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. An annual infection control audit took place in January 2015 and we saw evidence that action was taken to address any improvements identified as a result.
- There were no formal records of regular cleaning spot checks carried out by practice but the practice manager and infection control lead told us they would implement this.
- The practice had systems and processes for medicines management within the dispensary.
- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. We observed that dispensing staff followed safe procedures when dispensing medicines. There were a variety of ways available to patients to order their repeat prescriptions which included an electronic repeat prescription service.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staffing levels were in line with DSQS guidance. Dispensing staff had completed appropriate training, were provided on-going training and had their competency annually reviewed.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and

## Are services safe?

had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results
- Records showed twice daily refrigerator temperature checks were carried out which ensured medicines requiring refrigeration were stored at appropriate temperatures. The practice had a cold chain policy in place to ensure that medicines were kept at the required temperatures.
- Processes were in place to check medicines stored within the dispensary were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed promptly.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- Recruitment checks were carried out and the seven files we reviewed were well organised and showed that most appropriate recruitment checks had been undertaken prior to employment. However we found that the practice did not request references as part of the recruitment process when they employed new staff. This was not in line with their recruitment policy. Locum GPs were used but the same four locum GPs worked permanently on a part time basis at the practice to provide consistency.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for staff to ensure that enough staff were on duty.

### Monitoring risks to patients

Risks to patients were assessed and most were well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. The practice had a number of risk assessments in place and had made arrangements with a health and safety consultation firm for them to attend the practice twice a year to carry out a full health and safety review. The practice had up to date fire risk assessments. However we found that the system for documenting fire drills, fire alarm tests and emergency lighting checks was not clear and they had not always been recorded as having been carried out. There were also two fire policies in place with conflicting information regarding frequency of these checks. The practice manager told us they would ensure that only one policy was in place and that checks were carried out and recorded in line with this.
- 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 infection control and legionella. However the legionella risk assessment which had been carried out in July 2015 had recommended actions including regular monitoring of water temperatures. None of these actions had been implemented.

### Arrangements to deal with emergencies and major incidents

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

- There was a panic alarm system in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received regular basic life support training and there were emergency medicines available in the treatment room.

## Are services safe?

- The practice had oxygen and a defibrillator available on the premises but only adult defibrillator pads were available. After the inspection we saw evidence that the practice had ordered paediatric defibrillator pads.
- We found that 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 business continuity plan in place for major incidents such as power failure or building

damage. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. However each risk was not rated and mitigating actions recorded to reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, a heating company if the heating system failed. We spoke with the management team who told us they would update the plan by 24 November 2015.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 88.5% of the total number of points available, with 3.5% exception reporting.

This practice had mixed results for QOF clinical targets. Data from 2013/14 showed:-

- The performance for diabetes related indicators was 69.1% which was 23.5% below the CCG and 21% below the national average.
- The performance for asthma related indicators was 93% which was 5% below CCG average and 4.2% below the national average.
- The performance for patients with hypertension was 98.2% which was 1.4 % below the CCG average and 9.8% above the national average.
- The performance for patients with COPD was 89.6% and 7.9% below the CCG average and 5.6% below the national average.
- The dementia diagnosis rate was 100% and was 0.6% above the CCG average, and 6.6% above the national average.

As a result of these QOF figures the practice now have a long term locum GP who is a GP with special interest in diabetes and leads this area along with a nurse who has recently had further training in diabetes.

Data for 2014/2015 had improved slightly but QOF data we reviewed on the day of the inspection for 2015/2016 suggests that further improvements will be made when the figures are finalised in March 2016.

Clinical audits demonstrated quality improvement.

- There had four clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research to monitor and improve outcomes for patients within the practice.
- Findings were used by the practice to improve services. For example, recent action taken as a result included a reduction in the prescribing of cephalosporin's and quinolones and antibiotics.

Information about patients' outcomes was used to make improvements such as:-

- The practice had started to use the CANTAB mobile dementia tool to screen for dementia. This was brought in following information from the CCG that the dementia prevalence rates were low. Since using the tool the number of patients diagnosed with dementia has risen from 23 to 30 over the past six months.
- The practice had the lowest referral rate (42 patients per 1000 registered with the practice) to accident and emergency compared to other practices within the CCG (46 to 108 patients per 1000).
- All patients referred to secondary care suspected cancer were seen within two weeks as per national guidelines.

### Effective staffing

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

- The practice had an induction programme for newly appointed members of staff and mandatory training that covered such topics as safeguarding, fire safety, health and safety and infection control.
- 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 these learning needs and to cover the

# Are services effective?

## (for example, treatment is effective)

scope of their work. This included ongoing support, appraisals, and facilitation and support for the revalidation of doctors. The staff files we reviewed included an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and equality and diversity. Staff had access to and made use of e-learning training modules and in-house training. Not all staff that carried out chaperone duties had received relevant 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 people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and care plans were routinely reviewed and updated.

### Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. We saw evidence of 'Do not attempt cardio-pulmonary resuscitation' (DNAR) orders in place.

When providing care and treatment for children and young people, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

### Health promotion and prevention

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation
- The practice's performance for the cervical screening programme was 77.8%, which was in line with the national average of 77.9%. An alert was put on the patient's electronic record to remind staff should the patient attend the practice. The practice also encouraged its patients to attend national screening programmes for bowel cancer and breast cancer screening.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged and five year olds was 100%.

Flu vaccination rates for the over 65s were 69% which was slightly below the CCG average of 75.5% and national average of 72.99%. At risk groups 43.2% which was below the CCG average of 56.4% and national average of 53.23%.

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 on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- As a result of patient feedback the practice had installed a glass partition at reception to try and prevent patients overhearing private conversations.
- If reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

All of the 39 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We also spoke with three members of the patient participation group (PPG) on the day of our inspection. They also told us they were extremely satisfied with the care provided by the practice and said their dignity and privacy was respected. This was also reinforced by numerous positive comments made in response to the NHS Friends and Family test which the practice participated in. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was above average for all of its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 96% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.

- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 99% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

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

Patient feedback on the comment cards we received told us that 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's we spoke with were also positive and aligned with these views.

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

- 95% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 95% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language.

### 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 given out forms at recent flu clinics for patients to complete if they were a carer. Written information was available in the waiting area to direct carers to the various avenues of support available to them.

## Are services caring?

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card.

This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service if required.

# 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 ensure flexibility, choice and continuity of care. For example;

- The practice offered Urgent telephone advice from 8am to 8.15am and doctor led triage from 8.15am to 10am each day.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available.

### Access to the service

The practice was open Monday to Friday 8.30am to 1pm, and 2.30pm to 6.30pm. The practice had phone in sessions for urgent telephone advice from 8am to 8.15am and doctor led triage from 8.15am to 10am each day.

A variety of appointments to see a GP were available from 8.30am until 12.30 and 3pm until 5.30pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national patient survey and the NHS Friends and Family Test showed that patient's satisfaction with how they could access care and treatment was above local and national averages in most areas and people we spoke to on the day were able to get appointments when they needed them. For example:-

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone compared to the CCG average of 77% and national average of 73%.
- 92% patients described their experience of making an appointment as good compared to the CCG average of 78% and national average of 73%.
- 73% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 70% and national average of 65%.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system summary leaflet in the waiting area and information on the website.

We looked at two complaints received in the last 12 months and found they were handled very well. They were dealt with in a timely manner with openness and transparency. We found that the response letters to the patients were kind and considerate in their tone.

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. Minutes of complaints meetings are now being formally recorded.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a patient charter which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice is run by a single GP and four long term locums. The locum GPs have a wealth of knowledge and support the GP to deliver high quality care. The GP had plans to re-advertise for a permanent partner to join the practice so that the services provided to patients registered with the practice can be increased.

### 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.
- A programme of continuous clinical and internal audit which is used to monitor quality and to make improvements
- There were arrangements in place for identifying, recording and managing risks, issues and in most areas implementing mitigating actions

### Leadership, openness and transparency

The GP partner and long term locums in the practice have the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The GP partner was extremely visible in the practice and staff told us that he was approachable and always take 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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gives affected people reasonable support, truthful information and a verbal and 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.
- Staff told us that the practice held regular practice team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the lead GP encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

- The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, were involved in patient surveys and submitted proposals for improvements to the practice management team. Survey results were discussed with the PPG and action plans produced and completed. For example as a result of the survey conducted between January and March 2015 it had been identified that confidentiality was an issue at the reception desk. This had been discussed with the PPG and a glass screen was installed at reception to address this.
- The PPG had supported the practice with the delivery of recent flu clinics. They had used a system to streamline the process which reduced waiting times for patients.

# Are services well-led?

Good 

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

We saw positive feedback received by patients who had attended the clinic and comments on how well organised the clinic had been and how helpful everyone involved was. The PPG had also helped the practice to use the clinic to promote or carry out dementia screening with a portable screening tool. This resulted in 15 patients being screened during the clinic.

- The practice had also gathered feedback through family and friends testing. Results from January to September 2015 were very positive with the majority of respondents most like to recommend the practice to family and friends.
- The practice had also gathered feedback from staff through staff meetings and annual appraisals. 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.