

# The Valley Surgery

## Quality Report

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Date of inspection visit: 21 October 2015  
Date of publication: 03/03/2016

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	Outstanding	☆
Are services safe?	Outstanding	☆
Are services effective?	Good	●
Are services caring?	Outstanding	☆
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 Valley Surgery on 21 October 2015. Overall the practice is rated as outstanding.

Specifically, we found the practice to be good for providing well-led, effective and responsive services. We found the practice was outstanding for providing safe and caring services. It was also providing good services for all population groups.

- There were arrangements in place to respond to the protection of children and vulnerable adults and to respond to any significant events affecting patients' wellbeing.
- The practice managed complaints well and took them seriously, information about how to complain was available and easy to understand.
- Patients told us they were treated with compassion, dignity and respect and were involved in decisions about their care and treatment. They also said that the staff would always allocate time to explain conditions and treatment plans which helped patients understand the care available to them.

- The practice worked well with other health care services to enable a multi-disciplinary approach in meeting the needs of patients.
- There was a clear management structure with approachable leadership. Staff were supported and had opportunities for developing their skills with good training opportunities.
- The practice proactively sought feedback from staff and patients, which it acted on. There was an active patient participation group (PPG) which felt involved in the development of the practice.
- The PPG was proactive in health promotion working with charities to coordinate events to support patients diagnosed with long term conditions such as dementia as well as their carers.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- The practice had a clear vision and informal set of values which were understood by staff. There were clear clinical governance systems in place and regular review of policies.

We saw areas of outstanding practice:

# Summary of findings

- The practice staff were open and transparent and fully committed to reporting incidents and near misses. Learning was not only shared within the practice, following a thorough and open investigation, so staff could work to best practice but also at a national level so learning could be maximised from these events and reduce likelihood of reoccurrence.
- The practice had an embedded culture and proactive approach to anticipating and managing risks to patients which was recognised as the responsibility of the staff we spoke to.
- Clinical audits were carried out and all relevant staff were involved to improve care, treatment and people's outcomes. There had been 19 clinical audits conducted in the last twelve months, seven of these were completed audits where the improvements made were implemented and monitored.
- The practice provided a level of care over and above what was demanded by their contractual obligations or expected by their patients. The high level of compassion and respect given to patients in need, whether at end of life or during a deterioration of their condition was reflected in comment cards and by talking to patients throughout the inspection. Additional support for patients with dementia was in place to allow access to care and services in a suitable manner.

**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 outstanding for providing safe services.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Safety was improved as the lessons were taken from these incidents shared amongst staff and used as learning points for improving practice. Suitable systems were in place to ensure appropriate staff were recruited and that staff with the correct skills mix were available to deliver safe patient care.
- The practice looked for themes in complaints and significant events making changes in policies and procedure to ensure they reflected best practice and to support staff in keeping up to date.
- The practice used formal systems to assist in learning and development from safety events such as the 'patient safety toolkit' developed by the Royal College of General Practitioners and to share the events with other practices to maximise learning using the National Reporting and Learning System.
- The practice had systems and processes in place to deal with emergencies. Arrangements for managing medicines, including emergency drugs and vaccinations were robust and well managed.

Outstanding



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality, for example the number of diabetics whom had received a blood pressure reading in the preceding twelve months was 84% for the practice compared to a national average of 78%. Staff referred to guidance from the National Institute for Health and Care Excellence and routinely used it to improve patient outcomes with procedures in place to take into account updates.

We found the practice had a culture of learning and development and staff had received training appropriate to their roles. There was a sense of team work and evidence of support, appraisals and personal development plans for all staff. Staff worked well with multi-disciplinary teams, external agencies and other health care professionals, this played an important role in the effective planning and delivering of care to patients.

Good



# Summary of findings

## Are services caring?

The practice is rated as outstanding for providing caring services.

- Staff were committed towards providing a high level of care to patients, this was embedded across all staff and the wellbeing of patients was seen as a high priority.
- The examples of care seen during the inspection were over and above the contractual obligations of the practice and staff put the wellbeing of patients first. For example, GPs provided on call contact numbers to use if extra care was required for patients on end of life care, enabling the GP that understood their wishes to attend out of hours. There were 29 thank you cards the practice had accumulated over the last year from patients and relatives praising the staff for the high level of care and compassion they received. The patient survey showed that patients rated the practice higher than others for almost all aspects of care; for example the percentage of patients who described their overall experience as fairly good or very good was 95% compared to a national average of 85%.
- Patients we spoke with during the inspection stated how highly they valued the service and care provided by the staff which was also echoed in the comment cards which were overwhelmingly complimentary. Patients commented that staff went the extra mile in caring for them and their health and would give them time and support when required. Words such as 'excellent', 'superb' and 'outstanding' were regularly used when describing the care they and their relatives had received. There were many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

The care homes the practice served also spoke of the kind nature the GPs had when attending their weekly visits, additional patients would be accommodated at the last minute if the need arose and this provided continuity of care for those patients, they praised the open communication the practice had with them.

**Outstanding**



## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Patients told us it was generally easy to get an appointment with a GP of choice which provided continuity of care, urgent appointments were available on the day. If no appointments remained a clinician would triage the patient to find the most appropriate. The practice had good facilities and was well equipped to treat patients and meet their needs.

**Good**



# Summary of findings

- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders and led to changes in practice.

## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy.

- Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active.

Good



# 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 outstanding for the care of older people.

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care. It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Patients recently discharged from hospital were followed up and appointments arranged to best suit their needs. We also saw evidence that elderly patients were supported in addition to their health needs. For example they were assisted to replace a car tyre in the car park and, in exceptional circumstances, picked up from their homes when there was inclement weather that meant the patient would otherwise miss an appointment and subsequent treatment in hospital. Older people also receive a Birthday card from the practice as an additional reminder they are there for support if required.

Outstanding



### People with long term conditions

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

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people, for example the percentage of patients with chronic obstructive pulmonary disease (COPD) the name for a collection of lung disease, who had a review in the preceding twelve months was 91% compared to a national average of 89%.

Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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 medication 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.

Outstanding



### Families, children and young people

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

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E

Outstanding



# Summary of findings

attendances. Immunisation rates were relatively high for all standard childhood immunisations. Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this. Appointments were available outside of school hours and the premises were suitable for children and babies. We saw good examples of joint working with midwives, health visitors and school nurses. For example a young mother was struggling to breast feed and contacted the surgery in the late afternoon, an appointment was made on the same day and advice and support given by the nursing and midwife team.

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

The practice is rated as outstanding 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. 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. The percentage of women aged 25-65 who had received a cervical screening test in the last five years was 83% compared to a national average of 81%.

**Outstanding**



## **People whose circumstances may make them vulnerable**

The practice is rated as outstanding 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. It had carried out annual health checks for people with a learning disability and 95% of these patients had received a follow-up. 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.

**Outstanding**





# Summary of findings

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

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

90% of people experiencing poor mental health had received an annual physical health check. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. It carried out advance care planning for patients with dementia.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health. Staff had received training on how to care for people with mental health needs and dementia.

Outstanding



# Summary of findings

## What people who use the service say

During our inspection we spoke with ten patients at the surgery and collected 53 comment cards which had been completed by patients.

Patients were overwhelmingly happy with the service provided and said they were well cared for and treated with dignity, kindness and compassion. Some patients commented on the waiting time for appointments but knew that the GP would spend the time with them if it was required and the delay was because other patients had required additional time. There have been improvements to waiting times following feedback from patient surveys. Patients told us they were involved in the decision making process in respect of their treatment options and supported throughout.

We reviewed the national GP patient survey results published on 2 July 2015; these showed the practice was consistently performing above local and national averages. There were 115 responses and a response rate of 44.4%. The results showed that 95% of respondents described the overall care of this practice as good, compared to a Clinical Commissioning Group (CCG) average of 90%.

The practice performed well in the following areas:

- 88% of patients found it easy to get through to this surgery by phone compared with a CCG average of 85% and a national average of 73%.
- 89% of patients found the receptionists at this surgery helpful compared with a CCG average of 91% and a national average of 87%.
- 94% of patients said the last appointment they got was convenient compared with a CCG average of 92% and a national average of 92%.

There were some areas where the practice performance was below the CCG average:

- 79% of patients described their experience of making an appointment as good compared with a CCG average of 82% however this was better than the national average of 73%.
- 45% of patients usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 66% and a national average of 65%.
- 47% of patients felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.

# The Valley Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a Care quality Commission (CQC) lead inspector. The team included a GP specialist advisor, a CQC inspection manager, a practice manager specialist advisor and an expert by experience.

## Background to The Valley Surgery

The Valley Surgery is located in Chilwell, an urban area west of Nottingham providing care to approximately 14100 patients. The practice operates from two sites with a second practice, Chilwell Meadows Surgery, also located in Chilwell; they are approximately 1.6 miles apart. The inspection was conducted at the Valley Surgery.

The practice is situated in a two storey building, with consultation and treatment rooms located on the ground floor, having good links to public transport with a nearby bus and tram stop.

The practice staff includes 12 GP partners (four male and eight female), six practice Nurses, a practice manager, a quality development and IT systems manager and two health care assistants working alongside reception and administrative staff providing care to approximately 14,000 patients through a general medical services GMS contract.

The opening times are between 8am and 6.30pm Monday to Friday. Appointments are from 8am to 12.30pm every

morning and 1.30pm to 6.30pm every afternoon. Extended hours surgeries are offered between the two sites and include appointments from 7.00am and up to 7.30pm on specified days.

The practice does not provide out of hours services to its patients, this is provided by Nottingham Emergency Medical Services (NEMS) through the 111 telephone service between 6:30pm and 8am.

## Why we carried out this inspection

We inspected this service as part of our 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.

This 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.

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.

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we held about the practice and asked other organisations to share what they knew about the practice. Organisations included the local Healthwatch, NHS England, and Nottingham West CCG.

We asked the practice to send us some information before the inspection took place to enable us to prioritise our areas for inspection. This information included; practice policies, procedures and some audits. We also reviewed the practice website and looked at information posted on the NHS Choices website.

During our announced inspection of 21 October 2015 we spoke with a range of staff which included GPs, nursing and health care assistants, receptionists, administrators, secretaries and the practice management team. We also spoke with patients who used the practice. We reviewed comment cards and feedback where patients and members of the public shared their views and experiences of the practice before and during our visit.

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

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

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

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

People experiencing poor mental health (including people with dementia)



# Are services safe?

## Our findings

### Safe track record and learning

- There was an open and transparent approach and a system in place for reporting and recording significant events. People affected by significant events received a timely and sincere apology and were told about actions taken to improve care. Staff we spoke to understood their responsibility to recognise and manage risks to patients and we found this proactive approach to be embedded within the practice. Staff told us it was made easy to document incidents using a recording form available on the practice's computer system, which they would complete as well as informing the practice manager.
- We saw evidence of reflective practice taking place by individual clinical staff when things went wrong, which was integrated into the formal investigation and used to strengthen the outcomes and improve safety.
- There had been 30 significant events reported in the last year. The practice carried out analysis of significant events at regular meetings. Action plans were drawn up from the discussions and reviewed during subsequent meetings. All staff were encouraged to attend these meetings and staff unable to attend could review the learning outcomes by reading the meeting minutes which were well documented and available electronically. Significant events were shared with the CCG cluster, when deemed appropriate, to promote learning beyond practice staff and opportunities to learn from external safety incidents were identified and discussed at meetings.
- We saw the practice made improvements following significant events. For example; changes in a patient's medicines were not relayed to the dispensing pharmacy who dispensed the patient's drugs in a dosette box. Following this incident the practice changed the procedure and put a system in place to alert the pharmacist to any change of medicine on the computer system.
- The practice has implemented the 'patient safety toolkit' within the practice developed by the Royal

College of General Practitioners, comprising a number of systems to allow the practice to look at different aspects of patient safety with a view to making improvements.

- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. All updates were electronically disseminated amongst the staff on both sites by a delegated GP. All Medicines and Healthcare product Regulatory Agency updates, (which inform staff of safety updates involving medicines), were seen by the community pharmacy advisers and sent to all GPs by email to keep them updated. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. The practice used the National Reporting and Learning System (NRLS) eForm to report patient safety incidents.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse which 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. A GP was the lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood how to raise a safeguarding concern, their responsibilities to the patient and all had received training relevant to their role.
- A notice was displayed in the waiting room and on the website, advising patients staff would act as chaperones, if required. All staff who acted as chaperones were trained for the role and 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).
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy and a poster in the reception



## Are services safe?

office. The practice had up to date fire risk assessments and regular fire drills were carried out and documented every six months with the last drill carried out in October 2015. All electrical equipment was checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly (completed July 2015). The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control (completed January 2015) and legionella (completed January 2013). All actions had been completed.

- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. A practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and action plans were completed to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medicines audits were carried out with the support of the local CCG pharmacy teams to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use.

- Recruitment checks were carried out and the five files we reviewed showed that appropriate pre-employment checks had been undertaken. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the DBS.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff required to meet patients' needs. There was a well-managed rota system in place for all the different staffing groups to ensure that enough staff were on duty across both sites.

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

There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to an emergency and all staff received annual basic life support training. The practice had a defibrillator available on the premises and oxygen, with adult and children's masks, complimented with a number of emergency medicines which were regularly checked and documented. Emergency medicines and equipment were easily accessible to staff in a secure area of the practice. All the medicines we checked were in date and fit for use. There was also a first aid kit and accident book available.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. During 2014 and 2015 the development of a tram network nearby had seen the practice able to provide the normal high level of care in difficult circumstances.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice carried out assessments and delivered treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. There were designated clinical leads for each area and updates were distributed through the email system and discussed at meetings, ensuring staff were kept up to date. 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). (QOF 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. The results for 2014/15 showed that the practice had achieved 97% of the total number of points available, with a 9.9% exception reporting rate. Exception reporting is the number of exceptions expressed as a percentage of the number of patients on a disease register who qualified to be part of the indicator denominator. For example, patients who do not attend for a review or where a medicine cannot be prescribed due to a side effect.

Data from QOF performance in 2014/2015 showed:

- Performance for patients with a diagnosis of diabetes related indicators was better (97.5%) than both the CCG (95.8%) and national averages (89%).
- Performance for patients with a diagnosis of hypertension related indicators was better (100%) than both the CCG (99.4%) and national averages (97.8%). With an exception rate of 4.5%, 1% below the CCG average
- Performance for patients with a diagnosis of mental health related indicators was 96.2% which was broadly in line with the CCG and national averages (98.4% and 92.8% respectively).

Clinical audits were carried and all relevant staff were involved to improve care and treatment and people's outcomes. There had been 19 clinical audits conducted in the last twelve months, seven of these were completed audits where the improvements made were implemented and monitored.

The most recently completed audit was conducted on the management of patients with Crohn's disease which had resulted in greater staff awareness and more understanding of the condition, assisting in the management of patients with Crohn's disease. All the information was shared with the practice nurses and the rest of the clinical team. The practice proactively chose to undertake this audit as they identified there was no structured system to consider the quality of care and treatment in relation to Crohn's disease and it was not a QOF requirement so could be overlooked as a condition.

Audits were planned across both sites and learning shared between the practices at meetings. Future audits were planned and monitored to increase effectiveness and minimise the repetition of work.

The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

### 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 that covered such topics as safeguarding, fire safety, health and safety and confidentiality and included to two weeks shadowing an experienced colleague to learn procedures.
- 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 scope of their work. This included on-going support during one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received an appraisal within the last 12 months.



# Are services effective?

## (for example, treatment is effective)

- Any locum who worked at the practice had access to an induction handbook and handover forms were available if required. The preference was to use the same locum if available to improve continuity of care.
- Staff received training which included: safeguarding; fire procedures; basic life support and information governance awareness. 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 test results. A good selection of NHS patient information leaflets was freely available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

The practice GPs worked closely with CCG community pharmacists who made visits to the care homes where practice patients lived to review medicines every six months. They informed the lead GP if any changes were recommended to ensure prescriptions were up to date and followed latest guidance.

Staff worked together with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan on-going care and treatment. This included when people moved between services, when they were referred or after they were discharged from hospital. We saw evidence that multi-disciplinary team (MDT) meetings took place monthly and that care plans were routinely reviewed and updated following these discussions to avoid admissions to secondary care. With the patients' consent the practice allowed sharing of patients records with community nurses such as respiratory nurses to aid in communication and keep treatment plans up to date.

For example a patient approaching the end of their life in vulnerable circumstances received increased input from GP and regular MDT meetings were held with the district nurse, the patient and their family, to discuss the patient's condition and support treatment options as well as put any further care in place when required.

There was a dedicated receptionist who had responsibility for making contact with patients who had been discharged from hospital. Following this phone call a home visit could be arranged for follow up care and care plans updated accordingly. We saw recent examples where proactive care and prompt home visiting had prevented patients from being re-admitted to hospital.

### 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. 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. The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

### Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. 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. Patients were signposted to relevant services to support them with their health. Smoking cessation advice was available from a local support group. Patients who may be in need of extra support were identified by the practice. End of life care was provided, sometimes out of hours, to patients who required extra support and was co-ordinated by their GP.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 79.2%, which was comparable to the CCG average of 78.4% and the national average of 74.3%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates were comparable to CCG averages. For example, childhood immunisation rates for



## Are services effective?

(for example, treatment is effective)

the vaccinations given to under two year olds ranged from 95% to 98% and five year olds from 92% to 99%. Flu vaccination rates for the over 65s were 79%, and at risk groups 61% These were also above the CCG and national averages.

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 throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

A screen was installed in the waiting room to advertise health information and practice services. GPs did not use a remote calling system and continued to collect patients from the waiting room in person, as they felt it created a more personal and caring environment for the patients and gave clinical staff an opportunity to see the patient outside of the consultation room.

The practice secretarial staff organised birthday cards for patients over the age of 80 as a way to keep in touch and remind them that the practice was there to support them if required. The practice saw this as an opportunity to engage emotionally as well as professionally with patients who often felt socially isolated. We saw examples during the inspection where the birthday cards sent to these patients often triggered return thank you cards to the practice. Some of these thank you cards highlighted that, in some cases, this had been the only card the patient had received.

All of the 53 patient comment cards we received were positive about the service experienced. Patients said the practice staff were helpful, caring and treated them with dignity and respect, several commented they were alive only due to the on-going care they received from the practice. We spoke with two members of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and told us their dignity and privacy was respected.

Comment cards highlighted that staff responded compassionately when patients needed help and provided support when required. Patients we spoke with during the

inspection told us they had a GP make several home visits in the past when they were in need of urgent care which would otherwise have meant an emergency admission to hospital.

We saw extensive evidence through comments and compliment letters and cards sent to the practice to demonstrate that patients often felt staff went the extra mile to help them. For example, a thank you card thanking practice staff for changing a patient's car tyre in the practice car park following an appointment. Several cards also thanked GPs for visiting their relatives and going the extra mile in organising care packages and putting in additional community support often outside of appointment times.

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 its satisfaction scores on consultations with doctors and nurses. For example:

- 94% of patients said the GP was good at listening to them compared to the CCG average of 90% and national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 88% and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 95% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and national average of 90%.

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

Patients we spoke with told us that health issues were discussed with them and 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.



## Are services caring?

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 88% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 83% and national average of 81%

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

The practice had completed a wide range of care plans and had these arranged in an easily accessible paper as well as electronic format. There was clear evidence to show these were written in consultation with patients and reflected their views and preferences where possible.

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

The practice had a carers' policy and the computer system alerted GPs and nurses if a patient was also a carer. There were a total number of 240 patients registered as carers on the practice list which represents 1.7% of the practice population. Carers were identified through consultations, information gained at reception and by advertising which is placed in the waiting area and on the website.

There was a carer champion at each site who had received additional training in order to advise on what help and services are available to help in their caring role. The practice made up packs of information and leaflets which are given out to provide useful reference and contact numbers and to ensure they understood the various avenues of support available to them.

The practice offered annual reviews and flu vaccinations to carers and would always try to fit them in for any appointments to accommodate their carer responsibilities. Following the success of previous PPG events the members were in the process of organising a carers awareness event to increase the understanding of the role, signpost available support and identify further carers in the practice.

Staff told us that if a patient's family had experienced bereavement, their usual GP aimed to contact them and where possible sent a sympathy card from the practice. If the patients' family agreed, then the GP would often attend the funeral. Staff told us this allowed them to pay their respects to a patient they had often known for a long time as well as see the life the patient had lived away from the practice and meet their family, assisting GPs in providing on-going support for relatives. We saw several letters and cards in appreciation of this service from families thanking the GP and staff for the care their relative had received both in life and in death.

# 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 Saturday appointments for flu clinics to help people in full time employment attend at weekends.
- There were longer appointments available for people with a learning disability.
- A Saturday morning session was run once a month for pre bookable coil checks and implants for the working population.
- Home visits were available for older patients or patients who would benefit from these.
- Early opening was offered in the mornings alternately on Tuesdays and Thursdays from 7am.
- Urgent access appointments were available for children and those with serious medical conditions.
- Some patients were given the option to receive results by email to reduce the time they needed to spend attending the practice.
- Patients with conditions such as dementia or with a history of missing appointments would receive a text message reminder prior to their appointment.
- There were facilities for patients with a disability and translation services available.

The practice engaged with the medical team based at the local military barracks. This had proved invaluable when providing end of life care as it was an area the military doctors had less expertise in and community teams were able to be involved in the patients' care.

### Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointments were available from 8am to 12:30pm and from 1:30pm to 6:30pm. Extended hours surgeries were offered between the two sites and included appointments from 7.00am and up to 7.30pm on specified days. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patients were satisfied with how they could access care and treatment. Results were comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 78% of patients were satisfied with the practice's opening hours compared to the CCG average of 79% and national average of 75%.
- 88% patients said they could get through easily to the surgery by phone compared to the CCG average of 85% and national average of 73%.
- 79% of patients described their experience of making an appointment as good compared to the CCG average of 82% and national average of 73%.
- 45% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 66% and national average of 65%.

The practice had used the survey results to highlight areas of improvement. For example the practice had produced a league table for the average overrun of appointments. This was then used to support the lower performing GPs in identifying areas which would help in reducing the waiting time for patients.

### Listening and learning from concerns and complaints

The practice had a 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 with the procedure clearly displayed on the website as well as a poster in reception and a leaflet available in the practice. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at seven complaints received in the last 12 months and found that they were all handled in a timely manner with a compassionate and honest response and apology for the cause of the complaint sent from the relevant GP or the lead partner if appropriate. All complaints were investigated and the lessons learnt were used to develop future policies or clinical practice and opportunity for personal reflection taken. This helped promote an open culture between staff and improve the quality of care for patients in the future. A recent complaint

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

was regarding the complicated appointment system in use whereby the appointments were released 72 hours in advance. In response to this a leaflet explaining the appointment system was published and made available to patients.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- The practice had undertaken to recruit an additional partner to provide further sessions at the practice.
- 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 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, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness and honesty.

Staff told us that regular team meetings were held. 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. Informal lunch time meetings took place every day where staff could talk about the latest clinical bulletins and other updates. All staff were involved in discussions about how to run and develop the practice, and partners 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. For example the 2014 patient survey indicated patients felt the practice was poor at running on time. The GPs told us they would routinely spend longer than the 10 minutes allocated to the patients if it was required, so causing a backlog. The practice decided to extend the appointment times for patients as needed, without reducing the overall number of appointments and monitor the waiting times of patients per GP to encourage more accurate timekeeping and reduce patients wait.

There was an active PPG which met every two months publishing the minutes on the practice website, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG found that patients like to see a photograph of staff so they knew who they were going to see. The practice had a poster produced with photos of the staff and their names to help patients feel familiar with the staff and placed it in the waiting room. The PPG had organised an event within the practice to raise awareness of dementia with the Alzheimer's Society for carers to get information and learn about the support available.