

# Glebe Park Surgery

## Quality Report

17 Montaigne Crescent

Lincoln

Lincolnshire

LN2 4QN

Tel: 01522 530633

Website: [www.glebeparksurgery.co.uk](http://www.glebeparksurgery.co.uk)

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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 Glebe Park Surgery on 21 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with kindness, dignity and respect and they were involved in decisions about their care and treatment.
- Information about services and how to complain was available and easy to understand.
- 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.
- There was a clear leadership structure and staff felt supported by management.
- The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of the requirements of the Duty of Candour.
- The provider was not registered for the activity of maternity and midwifery with the Care Quality Commission.
- The practice did not have a patient participation group in place.
- A legionella assessment had not taken place at the practice however this was booked to be completed the week after the inspection.
- Not all staff had completed formal MCA training however staff were able to demonstrate an understanding of the act and could relate it to their roles.

# Summary of findings

- Staff files did not contain references for staff employed as stated in the recruitment policy.

The areas where the provider should make improvement are:

- Ensure a patient participation group (PPG) is in operation.
- Ensure registration is updated to include the maternity and midwifery activity.
- Ensure any actions identified from the legionella assessment are acted upon and the infection control policy is updated to include this.
- Ensure that staff files are kept in line with Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and that the practice recruitment policy is adhered to.
- Access MCA (mental capacity training) for all staff.

**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.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- All staff received an annual appraisal and discussed training needs.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with kindness, 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 saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example a teledermatology system and a mental health nurse that the practice was able to refer into.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.

## Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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 which were easily accessible through the practice intranet system.
- There was an overarching governance framework which supported the delivery of 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 practice had a 'being open' policy to encourage a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice had sought feedback from staff and patients, which it acted on.

# 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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked alongside care home staff for support and advice.
- All patients over the age of 75 had a named GP.
- Patients that were admitted to hospital were assessed to look at ways to prevent future deterioration or admission.

Good



### People with long term conditions

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

- Community specialist nursing service provided support and education for patients.
- Diabetic indicators for the practice were 91% which was the same as the CCG average and 1.5% above the national average.
- Longer appointments and home visits were available when needed.
- Patients that did not attend for monitoring were picked up when prescriptions were requested and booked for appointments.
- Same day access was available to patients that have been highlighted as at risk.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, the practice then flagged these patients onto the clinical system so that all staff were aware.
- 89% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months compared with the CCG average of 80% and the national average of 76%.

Good



# Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered opportunistic pre-conception counselling including rubella status, alcohol/smoking cessation advice and folic acid prescriptions.

## 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.
- The practice offered telephone consultations.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Good



## People whose circumstances may make them vulnerable

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

- The practice held a register of vulnerable patients who refused support from other services and offered extra support and advocacy to these patients.
- The practice provided general medical services for vulnerable adults in a neurohabilitation facility.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations such as St Barnabas for those with a life limiting condition, an advocacy service, citizens' advice, housing advice and substance misuse services.
- 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.

Good



# Summary of findings

- The practice had recognised the lack of annual checks for patients with a learning disability. Training had been arranged for all staff and clinicians and checks for these patients were due to commence in May 2016 following the training.

## 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 held a register of patients with serious mental health illness. All these patients had a careplan in place and were offered an annual physical health check.
- 94% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which is above the national average of 83%.
- The practice carried out advance care planning for patients living with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients were able to self refer to community mental health services.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Patients that presented in significant emotional distress were offered an appointment on the day.

Good





# Summary of findings

## What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 286 survey forms were distributed and 112 were returned. This was a 39% response rate.

- 95% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 87% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 85%).
- 97% described the overall experience of their GP surgery as fairly good or very good (CCG average 87%, national average 85%).
- 95% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 80%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients before our inspection.

We received 49 comment cards which were all positive about the standard of care received. Feedback received said that staff were always helpful and kind and that the practice was clean and tidy.

We spoke with seven patients during the inspection. All seven patients said they were happy with the care they received and thought staff were approachable and appointments were accessible.

We reviewed the results of the Friends and Family Test for the months of December 2014 to December 2015. This showed that out of 37 that had been completed 100% of patients said they were either extremely likely or likely to recommend the practice to friends or family.

We also spoke with staff at residential homes in the area where residents are patients of Glebe Park Surgery. The staff we spoke with said that the practice staff and GP's were very helpful. They said that the GP's visit the patients in the home and that they have a good working relationship with the staff. Staff said that they are able to telephone to speak to one of the GP's about any concerns they may have about a patient.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Ensure a patient participation group (PPG) is in operation.
- Ensure registration is updated to include the maternity and midwifery activity.
- Ensure any actions identified from the legionella assessment are acted upon and the infection control policy is updated to include this.

- Ensure that staff files are kept in line with Schedule 3 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and that the practice recruitment policy is adhered to.
- Access MCA (mental capacity training) for all staff.

# Glebe Park Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a second CQC inspector and a practice nurse specialist adviser

## Background to Glebe Park Surgery

Glebe Park Surgery is a small two partner practice situated in the north of the city of Lincoln. The practice is based in a converted bungalow and is in the centre of the residential estate that it serves. There is no car park, however on street parking is accessible around the building.

- The practice has two partners (male and female) and a salaried GP (female) and a locum GP. The practice employs a practice manager, one practice nurse and a health care assistant along with three administration staff and a cleaner.
- The practice is open between 8.30am and 6pm Monday to Friday. With appointments available in these times. Extended surgery hours are offered Mondays until 7.30pm.
  - Out of hours care can be accessed by calling the surgery telephone number or by calling the NHS111 service.
- The practice list size is approximately 3900 and patients are predominately between the ages of 15 and 65 with relatively fewer adults over the age of 65. The practice has a higher than average deprivation score compared to other practices in this Clinical Commissioning Group (CCG).

- The practice lies within the NHS Lincolnshire West Clinical Commissioning Group (CCG). A CCG is an organisation that brings together local GPs and experienced health professionals to take on commissioning responsibilities for local health services.

The practice is registered to provide; diagnostic and screening procedures, surgical procedures and the treatment of disease, disorder or injury at Glebe Park Surgery, 17 Montaigne Crescent , Lincoln , LN2 4 QN.

Glebe Park Surgery has not been inspected previously by the Care Quality Commission.

Before the inspection it was noted that the practice was not registered for the activity of maternity and midwifery services. The practice was notified of this and the practice manager had made steps to rectify this.

## Why we carried out this inspection

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

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

# Detailed findings

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 21 January 2016.

During our visit we:

- Spoke with a range of staff (GP's, practice nurse, reception staff and practice manager) and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form that was available on the practice intranet and also in a folder in the manager's office.
- The practice carried out analysis of the significant events in a review meeting with the clinical team.
- Positive significant events and near misses were also recorded and reviewed.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, an incident had been reported of a referral that had not been received by the hospital. Following this incident all referral appointments are booked electronically by the GP at the time of the consultation with the patient present where possible.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, and were called in to discuss any actions and to rectify the situation.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff on the practice intranet. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. One of the GP partners was the lead member of staff for safeguarding and the staff were aware of this. However the policies did not name the lead in the practice. The GP's attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three,

this was due to expire in 2016. The GPs had been rebooked onto the next training which was a face to face session and the practice nurse had also been booked on for this level in addition to the level two required.

- National patient safety alerts were received into practice and were forwarded to a GP who would then look to see if it was applicable and take any action required.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who attended quarterly link meetings with the CCG to keep up to date with best practice. There was an infection control protocol in place which had been adopted CCG wide by practices with additions to make it practice specific. Staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified, as a result for example, new furniture had been purchased for the waiting area. Mop heads had been changed frequently however we saw that the buckets that were used had not been changed. We spoke to the practice manager and GP about this and they told us that they would purchase new ones.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

## Are services safe?

- We reviewed three personnel files and found that appropriate recruitment checks had not been undertaken before employment. For example, references had not been recorded for the staff employed. This was not in line with the practice recruitment policy which stated staff would not be employed until two satisfactory references had been received. However checks on qualifications and registration with the appropriate professional body were present and the appropriate checks had been completed through the Disclosure and Barring Service.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control.
- The practice had not had a recent legionella assessment (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We spoke to the practice manager about this who then contacted a company to arrange the assessment. This had been booked to take place two weeks after the inspection.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. The administration staff had a rota for the GP's each week showing what days and sessions they were working and the areas that they were responsible for each day.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use. Although the oxygen had been depleted and we spoke to the practice manager who had made arrangements for this to be replaced on the 29 January 2016.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice manager held a paper copy at home in case of emergency.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

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

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

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 93% of the total number of points available, with 5.6% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators was 91% which was similar compared to the CCG and national average (91% CCG and 89.5% National Average).
- The percentage of patients with hypertension having regular blood pressure tests was 89% which was similar compared to the CCG and national average (86% CCG and 84% National Average).
- Performance for mental health related indicators was 89% similar to the CCG and national average (93% CCG and 94% National Average).

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, one of which was a completed audit where the improvements made were implemented and monitored. This audit was following a significant event.
- The last minor surgery audit was completed in 2012.
- The practice participated in local audits through the prescribing committee, benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included, implementing a 'pop up' on a particular patient group to remind the GP to check the renal function of this set of patients when a certain medication was prescribed.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house



# Are services effective?

## (for example, treatment is effective)

training. The practice manager used the intranet to track the learning of all the staff and could see at a glance if any training was due to be refreshed. Each month the manager checked the system and prompted the staff to complete any training required. Additional training certificates could be attached to each staff record if required.

- Not all staff had completed MCA training (Mental Capacity Act) although staff were able to demonstrate a good understanding despite this.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice electronic system could be accessed by other teams including the community nursing team and out of hours.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. The practice could refer to other agencies and often this was through a single point of access. Tasks were sent through the electronic computer system to other teams if necessary such as health visitors and community nurses. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a quarterly basis for palliative patients and that care plans were routinely reviewed and updated.

### Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005 although not all staff had completed training in this. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent had not been monitored through records audits.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a local support group.
- Patients could also be referred to a fitness programme.
- The practice also referred into Kooth which was a free online service that offered emotional and mental health support for children and young people.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 97% and five year olds from 86% to 96%. The comparable figures for the CCG and nationally were unavailable.

Flu vaccination rates for the over 65s were 80% and at risk groups was 64%. These were above national averages of 73% and 52%.

## Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.



# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Clinicians came to the waiting area to call patients personally, this meant that they could also assist any patient with limited mobility and also gave the clinician an opportunity to assess the patient's mobility.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 49 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with seven patients including two members of the patient reference group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 92% said the GP gave them enough time (CCG average 88%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 96%, national average 95%).

- 91% said the last GP they spoke to was good at treating them with care and concern (CCG average 86, national average 85%).
- 97% said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 90%).
- 95% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

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

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

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

- 92% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care (CCG average 84%, national average 81%).
- 91% said the last nurse they saw was good at involving them in decisions about their care (CCG average 88%, national average 85%).

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 identified 1% of the practice

## Are services caring?

list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had notices in the waiting area asking patients if they were a carer and if so to let a member of staff know.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice had federated with another five practices in the area to look at how they can work together more effectively with future challenges.
- The practice had book on the day appointments available with the practice nurse for minor illnesses.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There was no hearing loop in the practice, however staff we spoke with said that the patients that were hard of hearing communicated easily with the practice staff. Translation services were available.
- The practice was all on the ground level and therefore was accessible to all. There was a buzzer at the front door for patients in a wheelchair so that the staff could open the doors for them if needed.
- There was one consultation room that wheelchair users could access and staff ensured that this room was free when booking appointments.
- The practice had started a teledermatology service. Whilst this was a relatively new service it was thought to have reduced referrals and improved the speed of diagnosis as the response was generally received within two weeks.
- The practice provided a room for antenatal visits so pregnant women could be seen at the surgery.
- The practice also hosted memory clinics at the surgery with a mental health nurse that worked across the practices in the CCG.
- In preparation for the inspection, the practice had recognised the lack of annual checks that had been undertaken for patients with a learning disability. Training had been arranged for all staff and clinicians and checks for these patients were due to commence in May 2016 following the training.

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were available from 8.30am to 6pm. Extended surgery hours were offered until 7.30pm on a Monday. In addition to pre-bookable appointments that could be booked in advance, urgent appointments on the day were also available for people that needed them. On the day of inspection a patient called in to make an appointment and was booked for later that day.

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

- 91% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.
- 95% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 84% patients said they always or almost always see or speak to the GP they prefer (CCG average 63%, national average 60%).

People told us on the day of the inspection that they were able to get appointments when they needed them and that they were happy with the appointment system.

### 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 for example a poster in the waiting area and information in the practice leaflet.

We looked at one complaint received in the last 12 months and found that it had been dealt with in a timely and satisfactory way. We were able to view complaints from years previous and also minutes from annual complaints reviews that had been held in the practice to discuss any trends, themes and learning. Lessons were learnt from complaints and action was taken as a result to improve the quality of care.

### Access to the service

# 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 plans for the future which included the practice nurse training to become an advanced nurse practitioner.
- The practice had federated with another five practices in the CCG to develop services for the future.

### 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 on the practice intranet.
- A comprehensive understanding of the performance of the practice was maintained.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

There was no clear programme of continuous clinical and internal audit which was used to monitor quality and to make improvements, audits were more reactive following significant events or NICE guidance and were not always written up as audits.

### Leadership and culture

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

- The provider was aware of and complied with the requirements of the Duty of Candour. The practice had a 'being open' policy to encourage a culture of openness

and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

When there were unexpected or unintended safety incidents:

- The practice asked patients to the surgery so that any actions could be taken to rectify the situation.
- 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 the practice held regular team meetings and that the practice had identified a need for these to be more frequent and planned. A matrix had been devised for staff meetings for 2016 with clinical meetings quarterly and twice a year full practice meetings.
- As this was a small practice with a small team, discussions were more informal and incidents were discussed as they occurred and then recapped at the practice meeting.
- Significant events were reviewed at clinical meetings however action was taken at the time of the incident.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time or at team meetings. Staff felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.
- Staff had clear roles and responsibilities and as the administration team was small all staff had been trained to complete all administration functions which enabled flexibility.
- The GPs were flexible in their work and would allow for increased demand or annual leave.

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

# Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient reference group and through surveys and complaints received. (A Patient Reference Group (PRG) is a group designed to ensure that patients interact with their practice to ensure that the services offered are appropriate and meet the needs of the local population). The PRG did not meet formally and any discussions were done virtually. The practice did not at the time of the inspection have a patient participation group (PPG), however the practice had some patients that had expressed a wish to join a PPG and the practice manager said that this would be set up in the coming months.

- The practice had taken actions in relation to patient feedback including purchasing a mobile phone for practice staff to make outgoing calls, thus making the practice line available for more incoming calls and the introduction of online appointments.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

The practice had identified before the inspection that they were not holding full team meetings as often as they wished. A matrix for the year 2016 had been devised which detailed dates of all meetings for the year.