

# Bridge Medical Centre

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

## Ratings

### Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of Bridge Medical Centre on 25 November 2015. Overall the practice is rated as good.

We found that many improvements had been made since our previous inspection of March 2015 when the practice had been rated as inadequate and was placed into Special Measures.

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

- The practice had made significant improvements across all areas of the practice since our last inspection, particularly to address findings in relation to safety and governance within the practice.
- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their 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. All staff told us that improvements had been made in communication across the practice team since our last inspection.
- The practice proactively sought feedback from staff and patients, which it acted upon.

# Summary of findings

There were areas of practice where the provider needs to make improvements.

The provider should:

- Implement processes to monitor those children who failed to attend hospital appointments for which they had been referred.

I am taking this service out of special measures. This recognises the significant improvements that have been made to the quality of care provided by this service.

**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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed. There were enough staff to keep patients safe. Emergency procedures were in place to respond to medical emergencies. The practice had policies and procedures in place to help with continued running of the service in the event of an emergency. Medicines were safely stored and managed. The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.

Good



### 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. Staff referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked closely with multidisciplinary teams.

Good



### Are services caring?

The practice is rated as good for providing caring services. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. We also saw that staff treated patients with kindness and respect. The reception and waiting areas were separate. This meant that patients were afforded more privacy when speaking with a receptionist and provided patients with a quiet and calm waiting area. The practice also used practical ways of maintaining confidentiality, including asking patients if they wished to speak in a separate room. Staff were able to demonstrate how they built positive relationships with patients who used the practice in order to provide individual support.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients told us that urgent appointments were available the same day but they sometimes had to wait to obtain routine appointments with the GP of their choice. The practice had good facilities and was well equipped to treat patients and meet their needs. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy which had been reviewed since our last inspection. The practice was committed to delivering high quality care and to promoting good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. The partners encouraged a culture of openness and honesty and had significantly improved upon communication across the practice since our last inspection. The practice had developed a strong focus upon continuous learning and improvement at all levels. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group 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 good for the care of older people. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. Elderly patients with complex care needs, for example, dementia and end of life care and those at risk of hospital admission, all had personalised care plans that were shared with local organisations to facilitate the continuity of care. The practice was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs. The practice supported residents at local residential and nursing homes and provided regular visits, medicine reviews and physical checks.

Good



### People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. 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 medicine needs were being met. The practice had identified a healthcare assistant to support the recall of patients with each individual long term condition. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

The practice is rated as good for the care of families, children and young people. 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 and health visitors. There was a lead GP for safeguarding children who met monthly with the health visitor to share information about children and families of concern. The midwife ran regular clinics on the practice premises and liaised closely with the GPs. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were good for all standard childhood immunisations. A flexible appointment system was offered to

Good



# Summary of findings

promote access to childhood immunisations and developmental checks. 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.

## **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. Extended hours appointments were available on one evening each week and on alternate Saturday mornings. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs of this age group. Patients were also able to access telephone consultations. The practice provided temporary resident's status for students returning from university. Practice staff carried out NHS health checks for patients between the ages of 40 and 74 years.

Good



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

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice offered longer appointments and carried out annual health checks for patients with a learning disability. The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice provided information to ensure that vulnerable patients knew how to access various support groups and voluntary organisations. For example, patients without a permanent address were enabled to register at the practice. 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



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

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice had identified a lead GP to support patients experiencing poor mental health. Patients with severe mental health needs had care plans in place and received annual physical health checks. The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia. Patients were referred promptly to local memory assessment services and to community mental health

Good



## Summary of findings

services. Patients were able to access counselling services within the practice. The practice provided care and support to older patients with severe dementia living in a nearby residential facility. The practice provided information to 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.



# Summary of findings

## What people who use the service say

Patients told us they were satisfied overall with the practice. Comments cards had been left by the Care Quality Commission (CQC) before the inspection to enable patients to record their views of the practice. We received six comment cards which mainly contained positive comments about the practice. One patient commented that they found it difficult to obtain a routine appointment with their named GP. Another patient commented upon the improved levels of customer service within the practice over the last year. We also spoke with 10 patients on the day of the inspection which included three members of the Patient Participation Group (PPG). All patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

We reviewed recent GP national survey data available for the practice on patient satisfaction. The national GP patient survey results published in July 2015 showed the practice was comparable with the local and national averages. There were 113 responses which represented a response rate of 34%.

- 65% found it easy to get through to this surgery by phone compared to a CCG average of 68% and a national average of 73%.
- 75.8% found the receptionists at this surgery helpful compared to a CCG average of 82% and a national average of 87%.
- 82% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 82% and a national average of 85%.
- 91% said the last appointment they got was convenient compared to a CCG average of 89% and a national average of 92%.
- 65.2% described their experience of making an appointment as good compared to a CCG average of 68% and a national average of 73%.
- 69% usually waited 15 minutes or less after their appointment time to be seen compared to a CCG average of 66% and a national average of 65%.

## Areas for improvement

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

- Implement processes to monitor those children who failed to attend hospital appointments for which they had been referred.

# Bridge Medical Centre

## 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 advisor, a second CQC inspector and a practice manager specialist advisor.

## Background to Bridge Medical Centre

Bridge Medical Centre offers general medical services to approximately 11,000 registered patients. The practice delivers services to patients in each of the defined aged groups, for example patients under the age of 18 years, patients over the age of 65 years and patients over the age of 85 years, in numbers which mirror the national averages for those age groups. Care is provided to patients living in residential and nursing home facilities and a local hospice. Data available to the Care Quality Commission (CQC) shows the number of registered patients suffering income deprivation is lower than the national average.

Care and treatment is delivered by five GP partners and one salaried GP. Four of the GPs are female and two are male. The practice employs a team of four practice nurses and two healthcare assistants. GPs and nurses are supported by the practice manager, a deputy practice manager and a team of reception and administration staff.

The practice is open from 8.30am to 6.30pm on weekdays. The practice also provides extended hours appointments on one evening each week from 6.30pm to 7.30pm and on alternate Saturday mornings from 9am to 11.30am.

Services are provided from:

Bridge Medical Centre, Wassand Close, Three Bridges, Crawley, West Sussex, RH10 1LL.

The practice has opted out of providing out of hours services to its own patients and uses the services of a local out of hours service.

## Why we carried out this inspection

We inspected this service as part of our comprehensive inspection programme. A previous inspection had taken place in March 2015 after which the practice was rated as providing inadequate services and was placed into Special Measures. The purpose of this most recent inspection was to check that improvements had been made.

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

## How we carried out this inspection

Before visiting the practice we reviewed a range of information we hold. We also received information from local organisations such as NHS England, Health watch and the Crawley Clinical Commissioning Group (CCG). We carried out an announced visit on 25 November 2015. During our visit we spoke with a range of staff, including GPs, practice nurses, administration and reception staff.

# Detailed findings

We observed staff and patients interaction and talked with 10 patients. We reviewed policies, procedures and operational records such as risk assessments and audits. We reviewed six comment cards completed by patients, who shared their views and experiences of the service, in the two weeks prior to our visit. We also spoke with members of the patient participation group (PPG).

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 living in vulnerable circumstances

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 apology and were told about actions taken to improve care where appropriate. Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. All complaints received by the practice were entered onto the system. The practice held regular and also ad hoc meetings if required, to discuss and analyse significant events.

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 procedures or safety in the practice. For example, the practice had recently reviewed the outcome of an incident relating to the safeguarding of a young child. The practice had identified some difficulties they had experienced in the process of sharing information with external agencies. The practice had sought appropriate advice and further staff training as a result of the incident.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

The practice had a clear written policy to provide guidance to staff on the management of safety alerts. National patient safety alerts were disseminated to practice staff. Staff we spoke with were able to give examples of recent alerts relevant to the care they were responsible for. They also told us alerts were discussed at regular clinical meetings to ensure that staff were aware of any that were relevant to the practice and where they needed to take action.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant

legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and were able to provide examples of occasions when they had reported concerns. Children who failed to attend for immunisation appointments were followed up and monitored as appropriate. However, the practice did not monitor those children who failed to attend hospital appointments for which they had been referred. All staff had received training relevant to their role. GPs were trained in safeguarding children to level three.

- A notice was displayed in the treatment rooms advising patients that chaperone services were available, 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).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse manager was the infection control clinical lead. We found that a range of improvements had been implemented since our last inspection. The practice had employed an external advisor to conduct a comprehensive audit of all aspects of infection control. Action had been taken to address improvements identified such as the removal of carpets from consulting rooms and the management of daily cleaning schedules. The practice had allocated protected time to one of its health care assistants to enable them to undertake daily checks of cleanliness of each room. We saw that guidance on infection control was available to staff in each clinical and consulting room. This included a copy of the infection control protocol and daily room and equipment cleaning schedules. Communication sheets were used to pass on information and concerns promptly to the practice's external cleaning contractors. All staff had received up to date training in infection control.

## Are services safe?

- The practice had appointed a GP to take the lead in ensuring that all staff had up to date hepatitis B immunisations since our last inspection. We saw evidence to show that the practice had up to date records of the hepatitis B status of all staff.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice implemented a protocol for repeat prescribing which was in line with national guidance. The protocol complied with the legal framework and covered all required areas. For example, how staff who generate prescriptions were trained and how changes to patients' repeat medicines were managed. Reviews were undertaken for patients on repeat medicines. All prescriptions were reviewed and signed by a GP before they were given to the patient. Prescription pads were securely stored and there were systems in place to monitor their use. The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance. We saw up to date copies of these directions. Electronic prescribing services were scheduled to be put in place which would enable patients to request repeat prescriptions and have them sent directly to a pharmacy of their choice.
- We checked medicines stored in treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed that fridge temperature checks were carried out daily which ensured medicines were stored at appropriate temperatures. Robust processes were in place to check medicines were within their expiry date and suitable for use. This included recorded weekly checks of stock and expiry dates. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.
- The practice had developed comprehensive policies and processes to support the recruitment of staff since our last inspection. Recruitment checks were carried out and the personnel records we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications and registration

with the appropriate professional body had been obtained. The practice had undertaken a risk assessment of all roles and as a result all staff had been subject to a criminal records check through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patients and staff safety. The practice had up to date fire risk assessments and carried out regular fire drills. Several staff had been trained to act as fire marshals in order to reduce the risks to other staff and patients in the event of a fire. 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 introduced processes whereby the lead GP and the practice manager conducted a visual inspection and risk assessment of all rooms within the practice on a monthly basis. We saw evidence of the improvements made to each room since our last inspection. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and the risk of exposure to legionella bacteria which is found in some water supplies.
- 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 practice had recently experienced staff absences and changes in personnel and leaders acknowledged the impact upon the staff team in this regard. GP partners had provided additional sessions and also utilised the services of a locum GP in order to ensure sufficient GP availability.

### 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.

## Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. We saw that this plan had been reviewed in October 2015. The practice had a buddy arrangement with a neighbouring practice to support periods of business interruption.

# 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 and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Current results were 95% out of the total points for 2014/15.

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 comparable with the national averages. For example, 93.22% of patients with diabetes had received a flu immunisation in the preceding 1 September to 31 March, compared with a national average of 94.45%; the percentage of patients with diabetes whose last measured cholesterol was 5 mmol/l or less was 78.03% compared with a national average of 80.53%.
- Performance for mental health related indicators was better than the national average. For example: 90.62% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the last 12 months compared with a national average of 88.47% and the percentage of those patients who had a record of their alcohol consumption in the preceding 12 months was 92.19% compared with a national average of 89.55%.

- The percentage of patients diagnosed with dementia whose care had been reviewed in the preceding 12 months was 84.85% compared with a national average of 84.01%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and patient treatment outcomes. The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services. For example, the practice had reviewed updated guidance issued by the National Osteoporotic Society in 2013 in relation to monitoring patients' calcium levels when prescribing Vitamin D therapy. The practice had also carried out a completed audit cycle of infection rates associated with minor surgery undertaken within the practice with reference to a range of best practice guidance.

### Effective staffing

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

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding children and vulnerable adults, infection prevention and control, fire safety, health and safety and information governance.
- The practice demonstrated how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for the revalidation of doctors. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding children and vulnerable adults, Mental Capacity Act 2005, fire procedures, infection control, basic life support and information governance awareness. Staff had access to and made use of e-learning training



# Are services effective?

## (for example, treatment is effective)

modules and in-house training. Robust processes had been put in place since our last inspection to support the planning and recording of all staff training within the practice.

### 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. All relevant information was shared with other services in a timely way. For example, we saw evidence of close working between the health visitor, midwife and GPs within the practice in ensuring appropriate support and monitoring of vulnerable families.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis to discuss patients with complex and palliative care needs and that care plans were routinely reviewed and updated. The practice had identified a lead GP for patients receiving end of life care and reviewed their needs under the Gold Standards Framework in conjunction with wider community and palliative care teams.

### 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. Staff had recently undertaken training in the Mental Capacity Act 2005. We saw that the main principles of the Mental Capacity Act were summarised and available within consulting rooms as a prompt to staff.
- 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, 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

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.

The practice had robust systems in place for ensuring results were received for every sample sent as part of the cervical screening programme. There was a written protocol for cervical screening which reflected current best practice guidance for good practice in cytology. The practice undertook monthly monitoring and annual auditing of inadequacy rates of each staff member trained in cytology. The practice's uptake for the cervical screening programme was 92.28%, which was higher than the national average of 81.83%. There was a policy to offer telephone and written reminders for patients who did not attend for their cervical screening test. The practice had systems in place to follow up all patients who had been referred for further treatment following their cervical screening. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for MMR vaccinations given to under two year olds was 98.3% with the CCG average being 95.7%. Rates of Pertussis vaccinations given to children of 5 years of age were 98.5% compared with a CCG average of 96.9%.

Flu vaccination rates for the over 65s were 68.36% and at risk groups 43.96%. These were also comparable to 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 helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. GP partners within the practice told us that included within their improvement plan was a focus upon improving the level of customer service provided by the practice staff. The practice sought to continuously review the patient journey in order to determine how this could be improved. The practice told us that further customer service training for staff was planned.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. The reception desk and waiting area were separate. This meant that patients were afforded more privacy when speaking with a receptionist and also provided patients with a quiet and calm waiting area. Reception staff told us that if a patient wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed GP national survey data for July 2015 available for the practice on patient satisfaction. The evidence from the survey showed patients were satisfied with how they were treated and this was with compassion, dignity and respect. The practice was around average for its satisfaction scores on consultations with doctors and nurses. For example:

- 87% said the GP was good at listening to them compared to the CCG average of 85% and national average of 89%.
- 82% said the GP gave them enough time compared to the CCG average of 84% and national average of 87%.
- 95% said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 99% said they had confidence and trust in the last nurse they saw or spoke to compared to the CCG average of 97% and national average of 97%.
- 79% of patients said they found the receptionists at the practice helpful compared to the CCG average of 82% and national average of 87%.

We received six patient CQC comment cards. All were positive about the service experienced. Patients said they felt the practice offered a good service and GPs and nurses were helpful, caring and treated them with dignity and respect. We also spoke with 10 patients on the day of our inspection. They also 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.

### 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 aligned with these views.

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 in line with local and national averages. For example:

- 80% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 87%.
- 73.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%

There were regular meetings to discuss patients at risk of unplanned hospital admissions and care plans for these patients were regularly reviewed. We saw that care plans were in place for those patients with long term conditions, those most at risk, patients with learning disabilities and those with mental health conditions.

## Are services caring?

We noted that the practice's QOF performance of 90.62% was above the national average for the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a documented comprehensive care plan on file, agreed between individuals, their family and/or carers as appropriate, with the national average being at 88.47%.

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

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

The results of the national GP survey showed that 83% of patients said the last GP they saw or spoke to was good at treating them with care and concern, compared to the CCG average of 81% and national average of 85%. 91% of patients said the last nurse they saw or spoke to was good at listening to them compared to the CCG average of 92%

and national average of 91%. The patients we spoke with on the day of our inspection and the comment cards we received told us that they thought that staff responded compassionately when they needed help and provided support when required.

The practice held a register of patients who were carers and new carers were encouraged to register with the practice. The practice computer system then alerted GPs and nurses if a patient was also a carer. The practice told us they had recently undertaken a review of their carers register in order to improve upon the level and accuracy of information held. We saw written information was available for carers to ensure they understood the various avenues of support available to them. Notices in the patient waiting room and patient website signposted patients to a number of support groups and organisations. We saw examples of how the practice had provided help to carers including where to find additional support and how to access available funding.

# 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 offered extended hours appointments one evening each week and on alternate Saturdays for working patients who could not attend during normal opening hours.
- Home visits were available for older patients and other patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Staff were aware of appointments which needed extended time. For example, patients with a learning disability or reviews of certain long term conditions.
- There were disabled facilities, hearing loop and translation services available.
- Practice staff worked closely with the other services to meet the needs of patients. For example, patients with diabetes whose condition was particularly difficult to manage were referred to a specialist nurse within a local satellite clinic for further support.
- The practice had identified a healthcare assistant to manage the recall system of patients with long term conditions.
- Patients were referred promptly to the memory assessment service and all patients with dementia were offered annual health reviews.
- The practice provided support and care to young patients attending a nearby boarding school.
- The practice provided support to high numbers of patients employed as airline staff at a nearby airport. The practice provided same day appointments to this group of patients where possible in acknowledgement of the restrictions imposed by their occupation.
- Patients with learning disabilities were well supported by the practice. The practice had recently reviewed and improved upon the availability of health checks for patients with learning disabilities. These patients were supported by named staff and provided with home visits if necessary. The practice had identified that these improvements had resulted in increased numbers of such patients accessing a health check.

- Patients with no fixed address and those who were asylum seekers were actively supported in registering with the practice.

### Access to the service

The practice was open between 8.00am and 6.30pm Monday to Friday. Pre-bookable appointments could be booked in advance via telephone, on-line or in person. Patients could also request appointments on the day, telephone consultations or home visits when appropriate. Urgent appointments were also available for people that needed them with the duty Doctor.

Extended hours appointments were available on one evening each week and on alternate Saturday mornings.

Results from the national GP patient survey from July 2015 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 62.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 70% and national average of 75%.
- 65.8% of patients said they could get through easily to the surgery by phone compared to the CCG average of 68% and national average of 73%.
- 65.2% patients described their experience of making an appointment as good compared to the CCG average of 68% and national average of 73%.
- 69% 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%.

### 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. The practice manager was the designated responsible person who handled complaints within the practice.

We saw that information was available to help patients understand the complaints system on the practice's website and via a complaints leaflet held at reception. A suggestion box was available within the patient waiting

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

area which invited patients to provide feedback on the service provided, including complaints. None of the patients we spoke with told us that they had ever made a complaint.

We looked at the complaints received by the practice within the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. We noted that lessons learned from individual complaints had

been acted upon. The practice held regular meetings where complaints were discussed and relevant learning was disseminated to staff. We saw evidence of actions taken in response to complaints raised. For example, as a result of one complaint the practice had reviewed their processes associated with the assessment of patients requiring multiple telephone consultations. All practice staff had received appropriate guidance in this regard.

# 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 held an away day since our last inspection and had reviewed and revised their vision statement. The practice's vision statement detailed the practice's commitment to providing and improving upon patient centred care, with a personalised and holistic approach to its patients. Staff understood and supported the values and vision of the practice and all staff had been involved in implementing a comprehensive series of improvements since our last inspection.

The practice had developed a robust strategy and supporting improvement and business plans which reflected the vision and values of the practice.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Significant improvements had been implemented since our last inspection. The practice had developed a comprehensive series of policies and protocols which were fully implemented and were available to all staff via the practice intranet system. All staff we spoke with told us of the value, support and ease of access of the policies and systems developed. We found that the structures and procedures in place ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- There was a comprehensive understanding of the performance of the practice
- A programme of continuous clinical and internal audit had been planned 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.

There was a clear leadership structure in place and staff felt supported by management. Lead roles within the practice had recently been reviewed. For example, GP partners held lead roles in managing end of life care, safeguarding, health and safety, infection control, diabetes and learning disabilities.

Staff within the practice and the GP partners told us how communication across the staff teams had improved significantly since our last inspection. All members of the team had been involved in the ongoing review and implementation of improvements within the practice.

Staff told us that regular team meetings were held. They told us that there was an open culture within the practice and they had the opportunity to raise any issues at meetings and were confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported, particularly by the GP partners and the practice manager.

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

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

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis, carried out patient surveys and submitted proposals for improvements to the practice management team. There was a notice board within the waiting area which outlined the role of the PPG and encouraged other patients to join.

The practice had undertaken a patient survey since our last inspection. Findings from the survey conducted in June 2015 had highlighted patients' desire to see improved access to appointments. We saw evidence that the PPG had reviewed the findings of the survey in conjunction with practice staff and had been encouraged to submit proposals for improvements. An action plan which

# Are services well-led?

Good 

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

included a further targeted survey had been developed in conjunction with the PPG had been put in place and was still in the process of being implemented at the time of our inspection.

All staff were involved in discussions about how to run and develop the practice, and the partners and the practice manager had encouraged staff to identify opportunities to improve the service delivered. Staff spoke very positively about the practice and were motivated to succeed and to continue to improve.

## Continuous improvement

The practice had developed a strong focus upon continuous learning and improvement at all levels. A practice improvement plan had been in place since our last inspection. Practice staff told us they had made significant improvements since our last inspection and we saw evidence of this across all areas of the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.