

# Aston Healthcare (Mansfield) Limited

## Quality Report

Aston Healthcare (Mansfield) Limited  
Bull Farm Surgery  
Concorde Way, Millennium Business Park  
Mansfield  
NG19 7JZ  
Tel: 01623 621059  
Website: <http://www.bullfarmsurgery.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 Bull Farm Surgery on 22 December 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. Lessons were shared to make sure action was taken to improve safety in the practice.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patient survey figures showed patients rated the practice higher than others for most aspects of care. Comments about the practice and staff were positive.
- 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. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had employed an advanced nurse practitioner so that the GP's were able to spend more time with more complex patients.
- 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.

# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour.
- Safety alerts and alerts from Medicines and Healthcare products Regulatory Agency (MHRA) were reviewed and cascaded to the appropriate persons. However we did not see these discussed in clinical meeting minutes.
- 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 meetings. Meetings did not show standing agenda items such as complaints, patient safety alerts and NICE guidance.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

- The practice had identified 39 patients as carers (1.4% of the practice list).

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.
- Implement a continuous programme of quality improvement including clinical audit.
- Update action plans accordingly to evidence completed actions.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- 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 things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- National patient safety and medicine alerts were disseminated within the practice in a formal way and there was a system to record that these had been appropriately dealt with. However we did not see these discussed in clinical meeting minutes.
- The practice carried out a review of significant events at practice meetings.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were mainly above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits were single cycle and were waiting for the second cycle. The clinical team had been in the practice for less than one year.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. The practice had a system in place to monitor and ensure that staff had completed training when it would need updating.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



# Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for most aspects of care.
- The practice had identified 39 patients as carers (1.4% of the practice list).
- The practice was improving the identification of carers and had two staff that were carers champions to provide help and support to patients.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- The practice offered nurse appointments three days per week from 7.30am.
- The practice had employed an advanced nurse practitioner so that the GP's were able to spend more time with more complex patients.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.

Good



## Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

# 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.
- Patients had a named accountable GP to enable continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs from either the GP or advanced nurse practitioner.
- Reviews were completed in patients home where required.
- The practice worked with the multi-disciplinary teams in the care of older vulnerable patients.
- The practice had close links with local pharmacies to arrange delivery of medicines if necessary.

Good



### People with long term conditions

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Nurse appointments were available three mornings per week from 7.30am.
- Performance for diabetes related indicators was comparable to CCG and national averages. (100% compared to 83% CCG average and 90% national average).
- Longer appointments and home visits were available when needed.
- The practice worked with community specialist nurses for heart failure, complex diabetic patients and chronic obstructive pulmonary disease patients.

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, for example, children and young people who had a high number of A&E attendances.

Good



# Summary of findings

- Immunisation rates were above CCG averages for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 85%, which was above the CCG average of 80% and the national average of 76%.
- We saw positive examples of joint working with midwives and health visitors.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible and flexible.
- Appointments were available on the day and there were options to book an appointment with a GP up to two weeks in advance.
- Nurse appointments were available three mornings per week from 7.30am.
- Telephone consultations were available.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

**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 register was monitored to ensure patients were attending for their annual reviews.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

**Good**





# Summary of findings

- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

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

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

- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which was below the CCG average of 87% and the national average of 84%.
- 98% of patients experiencing poor mental health were involved in developing their care plan in last 12 months which was better than the national average of 89%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had completed dementia awareness training.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing above with local and national averages. 273 survey forms were distributed and 128 were returned. This represented 4.6% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to the CCG average of 68% and the national average of 73%.
- 67% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average and the national average of 85%.
- 62% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average 75% and the national average of 78%.

The practice had highlighted the lower results. Work had been completed with an in house survey for the patients

to assess these areas of concern. The practice had undergone a change in lead GP and practice management team from April 2016. The management felt that based on recent feedback the practice was improving and that this would be reflected in next year's survey. The practice now had regular clinicians for patients to see and they had employed an advanced nurse practitioner that was a prescriber to enable more appointments to be available to patients. The practice were also promoting the online appointment system.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Three of the comments whilst positive about the care and staff at the practice mentioned that it was at times difficult to get an appointment whilst others said that they had no problems getting an appointment when they needed one.

## Areas for improvement

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

The areas where the provider should make improvement are:

- Review process and methods for identification of carers and the system for recording this. To enable support and advice to be offered to those that require it.

- Implement a continuous programme of quality improvement including clinical audit.
- Update action plans accordingly to evidence completed actions.

# Aston Healthcare (Mansfield) Limited

## 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.

## Background to Aston Healthcare (Mansfield) Limited

Bull Farm Surgery is a single handed practice supported by a salaried GP which provides primary care services to approximately 2770 under an Alternative Provider Medical Services (APMS) contract.

- The practice is situated close to public transport and has parking facilities, including disabled bays.
- Services are provided from Concorde Way, Millenium Business Park , Mansfield, Nottinghamshire, NG19 7JZ
- The practice consists of one lead GP (male) with a part time salaried GP (female).
- The nursing team consists of one advanced nurse practitioner, one practice nurse, one health care assistant (HCA) and one phlebotomist (who had a dual role as a receptionist).
- The practice has a practice manager and office manager who is supported by five clerical and administrative staff to support the day to day running of the practice.
- The practice has a sister practice locally. Some of the staff work at both practices. Any emergency situations meant that the practice could easily relocate.

- When the practice is closed patients are able to use the NHS 111 out of hours service.
- The practice has high deprivation and sits in the third most deprived centile.
- The practice is registered to provide the following regulated activities; surgical procedures;, diagnostic and screening procedures, maternity and midwifery services; and treatment of disease, disorder or injury.
- The practice lies within the NHS Mansfield and Ashfield 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 open between 7.30am and 6.30pm Monday to Friday (Monday and Wednesday 8am). Nurse appointments are available Tuesday, Thursday and Friday from 7.30am.

## Why we carried out this inspection

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 22 December 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice management, nursing staff and administrative staff).
- Spoke with four members of the patient participation group (PPG).
- 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 available on the practice's computer system.
- The incident recording forms that had been completed showed the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Complaints received that were also significant events had been recorded and investigated as such.
- The practice carried out a review of significant events at practice meetings.

We reviewed safety records, incident reports, and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, new templates had been devised and processes had been updated following a patient that had deceased had not been marked as such by the practice. Patient safety alerts were managed in the practice, staff were aware of recent alerts and we saw a log that showed the practice disseminated and actioned these as necessary. We did not see that these were discussed at clinical meetings.

### 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. These arrangements reflected relevant legislation and local requirements. 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 all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3 and nurses to level 2. We saw examples of safeguarding concerns raised and multi-disciplinary meetings that were held to discuss individual cases. The practice had flow charts showing the relevant telephone numbers to raise concern and these were displayed on walls in the surgeries and at reception. A&E attendances and non attendance of appointments were reviewed monthly and any concerns were then taken to the safeguarding lead for discussion. The practice had quarterly safeguarding meetings which the health visitor attended. The health visitor was based in the same building as the practice which meant that there was good communication and working relationship as the practice had an open door policy. The practice also communicated with the other agencies through the practice electronic computer system to discuss any concerns.

- A notice in the waiting room and on the doors of all treatment rooms 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 (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 liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Quarterly infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. The practice had action plans alongside the audits and whilst we saw evidence that the actions were completed the plans were not always updated to reflect this.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept

## Are services safe?

patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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. Blank prescription forms and pads were securely stored and there were effective 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.

- We reviewed six personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. The practice management that had taken over in April 2016 had requested proof of identification and new DBS checks for all staff to ensure that the records were complete. The new staff file that had been recruited since then also had copies of the interview records.

### 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. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises

such as control of substances hazardous to health and infection control and a legionella risk assessment. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had completed a variety of risk assessments for other situations that had been identified a risk, such as shutters on the windows and confidentiality at reception. These were rated with mitigating actions in place.
- 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 enough staff were on duty.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency equipment and 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 stored securely.
- 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, evacuation procedures and contact numbers of suppliers and contractors, such as gas and water companies.

# 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 patients' needs.
- The practice did not have a formal process for the review of NICE guidance and we did not see this was discussed in the minutes of the clinical meetings.
- 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 98% of the total number of points available. Exception reporting for the practice was 7% which was below national and CCG averages. (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 2015/16 showed:

- Performance for diabetes related indicators was comparable to CCG and national averages. (100% compared to 83% CCG average and 90% national average).
- Performance for mental health related indicators comparable to CCG and national averages. (100% compared with 89% CCG average and 93% national average).

There was evidence of quality improvement including clinical audit.

- There had been numerous clinical audits completed since the new clinical team had been in post, these were single cycle audits. The practice were aware of the need to perform a second cycle and had plans to do so.
- Two audits we looked at were completed, two cycle audits where the improvements made were implemented and monitored. One in relation to prescribing following NICE guidance and one to confirm appropriate documentation in patient records.
- Audits had been identified through significant events, complaints, safety alerts and NICE guidance.
- The practice did not have a plan of audits proposed for the year.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, new protocols implemented.

### 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. This 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. The practice had a training file for each staff member which highlighted the mandatory training for their role and also any additional training that had been completed. The matrix attached showed the training completed and dates when they were due for review.
- The practice used a locum GP. This was GP was a retired partner from the practice. We viewed the recruitment files for this staff member and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, DBS and training.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.



# Are services effective?

## (for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months. Appraisals that we looked at showed training needs identified.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, infection control and information governance. Staff had access to and made use of e-learning training modules and in-house training.

### Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

### 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.
- 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.

### Supporting patients to live healthier lives

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

- Patients receiving end of life care, those at risk of developing a long-term condition and those requiring advice on their diet and smoking. Patients were signposted to the relevant service.
- The practice nurse had highlighted patients that may be at risk of diabetes and had given lifestyle advice for the patients to manage this.

The practice's uptake for the cervical screening programme was 89%, which was above the CCG average of 84% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme and ensured a female sample taker was available. The practice had a process for ensuring patients attended for the cervical screening and letters were sent or telephone calls were made by the practice to those that did not attend. Alerts were added to the patient electronic record system to show those still outstanding. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccinations given were higher when compared to CCG averages. For example, childhood immunisation rates for the vaccinations given at the practice to under two year olds ranged between 97% to 100%, (CCG averages ranged between 94% to 98%) and five year olds from 94% to 100% (CCG averages ranged between 90% to 98%). The practice had processes to book patients for the immunisations and parents were contacted if they did not attend.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74 and over 75's.



## Are services effective?

(for example, treatment is effective)

The practice also offered health checks to those patients identified as carers. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- The main waiting area was situated away from consulting rooms.
- The practice had a television playing health promotion videos which helped to assist with confidentiality at reception.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. There was a sign at reception offering this.

We received 38 comment cards which were positive about the standard of care received. Patients said they felt the practice offered an excellent and efficient service and staff were helpful, caring and treated them with dignity and respect. Three of the comments whilst positive about the care and staff at the practice mentioned that it was at times difficult to get an appointment whilst others said that they had no problems getting an appointment when they needed one.

We spoke with four members of the patient participation group (PPG). They also told us they were very 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 comparable with national and CCG average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.

- 89% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average and national average of 95%
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average and national average of 85%.
- 90% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

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

Patient feedback from the comment cards said patients felt involved in decision making about the care and treatment they received. They also told us they felt listened to and that staff put them at ease. Comments said that they had continuity of care and we saw that care plans were personalised.

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

- 93% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 83% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care:

## Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the day reception areas informing patients this service was available.
- The practice had a hearing loop for those that required it.

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

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 39 patients as carers (1.4% of the practice list). The practice had a form to complete for patients that were identified as carers. The practice had identified two staff members as carers

champions. These staff were able to give carers further assistance and see if any extra support could be offered. Carers were offered health checks, flu vaccinations and were flagged on the computer system so that appointments could be more flexible to help them with their caring role. The practice could refer to local caring support agencies which could help with equipment and finances for example. The practice had packs available with information for carers to take away. There were various support groups advertised in the waiting area including support for young carers. The practice had identified that the amount of carers for the practice was low and the introduction of the carers champions was hoped to increase the awareness in the practice to identify more.

Staff told us that if families had suffered bereavement a sympathy card was sent and the GP may contact the families to offer a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# 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.

- Patients could book and cancel appointment on line, by phone and in person.
- There were longer appointments available for patients with a learning disability or any patient that felt they required it.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Residential care homes where patients resided received home visits from the GP or advanced nurse practitioner.
- To cope with patient demand the practice employed an advanced nurse practitioner.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities, a hearing loop and translation services available.
- Pre-bookable appointments were available with the nurse on Tuesday, Thursday and Friday from 7.30am.
- The practice had close links with local pharmacies to arrange delivery of medicines if necessary.

### Access to the service

- The practice was open between 7.30am and 6.30pm Monday to Friday (Monday and Wednesday 8am). Nurse appointments were available Tuesday, Thursday and Friday from 7.30am. GP appointments were from 8am to 6pm. GP appointments were available on the day and pre-bookable appointments could be booked two weeks in advance.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 75% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

Two of the 38 comment cards said that it was at times difficult to get an appointment on the day however many of the other comments said that they were seen on the day and had no problem in getting an appointment. The practice had increased the number of appointments available by recruiting the advanced nurse practitioner.

### 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 complaints poster in reception.
- The practice recorded all complaints and compliments even if they were made verbally.

We looked at the one complaint the practice had received in the last 12 months and found this was handled accordingly in line with the practice policy and dealt with in a timely way. Apologies were given where appropriate. The practice had completed an annual review of the complaints. The practice recorded any compliments in a book at reception. Patients were also able to make verbal complaints, which would also be dealt with and recorded in the book.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a vision to provide an appropriate and rewarding experience for their patients whenever they need support.
- The practice had identified challenges short and long term and were looking at ways to overcome these by working with other practices and other stakeholders.
- The practice had a three year business plan which identified areas for improvement and addressed the challenges faced.

### Governance arrangements

The practice had an effective 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 either on the shared drive or hard copy in a folder. All policies had been reviewed within the past 12 months.
- A comprehensive understanding of the performance of the practice was maintained
- Clinical and internal audit was used to monitor quality and to make improvements. However at the time of the inspection the audits were single cycle. There was no plan for the year ahead.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However the practice did not always update action plans and documents such as risk assessments to say they had been completed.
- Meetings that were held did not have standing agenda items such as complaints, NICE guidance and patient safety alerts.

### Leadership and culture

On the day of inspection the provider demonstrated they had the experience, capacity and capability to run the

practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the management were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The provider encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- The practice 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 of which minutes were available.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the management in the practice.
- Staff said that they enjoyed working at the practice and that they had strong support from their colleagues.

### 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the PPG had started producing a newsletter quarterly for the whole

# Are services well-led?

Good 

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

community which gave information about self care. The PPG had also started to raise funds as they planned to hold coffee mornings with speakers in the future, for patients to attend.

- The practice had gathered feedback from staff through staff meetings and annual appraisals. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

## Continuous improvement

- There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking.

- The HCA at the practice had started as a receptionist in the sister practice and one of the reception staff at the practice had also been trained to deliver phlebotomy services.
- The practice had recently employed the advanced nurse practitioner to enable the GP's more time to see the patients that they needed to see.
- The practice manager had devised a staff satisfaction survey which was to be completed in 2017. Questions included asked staff if they had work life balance, if they were considering or had considered looking for another job and questions relating to training and development.