

Dr Bansel & Partners

Quality Report

Stone Cross Surgery
Mimram Road
Pevensey
East Sussex
BN24 5DZ

Tel: 01323 761461
Website: www.stonecrosssurgery.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 Dr Bansel & Partners (Stone Cross Surgery) on 26 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and 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 appointments and that there was continuity of care. Urgent appointments were available on the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

The areas where the provider should make improvement are:

- Establish an auditable system for the monitoring and recording of all decision making, action taken, outcomes and lessons learned in relation to significant events
- Ensure that the Infection Control Audit includes the checking of all single and Central Sterile Supplies Department (CSSD) instrumentation.

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 there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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.
- Risks to patients were assessed and well managed.
- There was an Infection Control Audit system in place; however, this did not include the checking of all single and Central Sterile Supplies Department (CSSD) instrumentation.

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 comparable to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey (July 2015) showed patients rated the practice as comparable to others locally and nationally in relation to most aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Summary of findings

- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The Practice Manager and a nominated GP attended monthly meetings with the CCG to discuss updates and changes for consideration and/or implementation within the practice.
- Data from the national GP patient survey (July 2015) showed that 85.1 % of patients were
- Urgent appointments were available on the day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

Good



- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity 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 provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population and actively sought out those patients that would benefit from home visits in order to optimise their health.
- The practice offered enhanced care in the format of a one-stop shop to manage all outstanding medical needs including flu vaccines, blood pressure checks and blood test reviews.
- The practice offered preventative immunisation for Flu/Pneumonia/Shingles as appropriate.
- The practice offered health reviews to all patients over 75.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. This included patients living with chronic respiratory disease and asthma.
- GPs provided care plans and a structured annual review for all patients with a Long Term Condition to check that their health needs were being met.
- Patients with the most complex needs were managed by a named GP working with relevant health and care professionals to deliver a multidisciplinary care package.
- Patients on a recognised list of those requiring urgent care were given priority for telephone calls with a GP and were also contacted following hospital admission.
- The percentage of patients with diabetes, on the register, in whom the last IFCC-HbA2c was 64 mmol/mol or less in the preceeding 12 months was 81.68% in comparison to the national average of 77.54%
- Longer appointments and home visits were available when needed.

Summary of findings

- Flu vaccines were routinely offered to patients with long term conditions to help protect them against the virus and associated illness.

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. Immunisation rates were comparable to the Clinical Commissioning Group (CCG) and national 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.
- The practice assessed the mental capacity of young patients using recognised and approved guidelines (Gillick and Fraser)
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice offered pre-natal, neo-natal and six-week baby checks managed by the GP's and Practice Nurse.
- The practice offered childhood Immunisations and were current with new vaccines issued by Public Health.
- The practice offered appointments outside of school hours and the premises were suitable for babies and small children. Baby changing facilities were available.
- The practice recognised the need for and offered offer sexual services for young people as there was no drop in centre directly in the area. The practice also offered contraceptive implants and emergency contraception.
- The practice worked jointly with midwives, health visitors and school nurses.
- There was a system in place to notify practice staff of any child at risk.

Emergency processes were in place and referrals could be made for children and pregnant women whose health was at risk.

Good



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

Good



Summary of findings

the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice was proactive in offering a full range of health promotion and screening that reflects the needs for this age group, including dietary and lifestyle advice, and smoking cessation advice, with further referral for specialist support.
- Extended opening hours were offered on a Thursday between 7.00am – 8.00am and also on Saturday mornings from 8.00am to 1.00pm to meet the needs of working patients. Telephone appointments were available.
- The practice offered online services to book appointments and re-order medicines

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 living with a learning disability.
- The practice offered longer appointments when needed.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients. The practice held monthly Multi-Disciplinary Team meetings at which vulnerable patients were discussed.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Translation services were available.
- The practice was fully accessible to those patients with limited mobility and wheelchair users.
- The practice supported patients who were registered as a carer and provided advice for these patients.
- The practice was responsive to people in vulnerable circumstances with poor access to primary care and a system was in place to ensure these patients were afforded priority access to the surgery and its services.
- The practice identified a GP lead for adult safeguarding and worked closely with the district nursing and palliative care teams.

Good



Summary of findings

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).

Good



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The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97.8% compared to the national average of 89.55%
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice offered a choice of specialist services to patients experiencing poor mental health, including charities that provide support and also hospital based mental health services.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff were caring and compassionate and trained to respond to the needs of those patients living with poor mental health.

Summary of findings

What people who use the service say

The results of the national GP patient survey published on 2 July 2015 showed the practice was performing in line with local and national averages. Survey forms were distributed to 257 patients and 128 were returned. This represented 1.08% of the practice's patient list.

- 63% of patients found it easy to get through to the practice by phone compared to a Clinical Commissioning Group (CCG) average of 72.5% and a national average of 73.3%.
- 85.1% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 88.3% and national average 85.2%).
- 83% of patients described the overall experience of their GP practice as fairly good or very good (national average 84.94%).
- 82.42% of patients said they would recommend their GP surgery to someone who has just moved to the local area (national average 79.11%).

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We did not receive any comment cards. We noted that the comment card box was placed on the reception desk and clearly visible to all patients attending the practice. The practice had conducted its own patient survey and the results were very positive overall. Two examples taken from this

survey showed that when asked if the telephone at the practice was answered quickly, 36 patients stated that this was good, very good or excellent, 12 patients thought that this was fair and 12 thought that this was poor.

When asked about the ability to see a doctor quickly when necessary 51 patients thought that this was good, very good or excellent, 8 thought that this was fair and two thought that this was poor.

We spoke to five patients during the inspection. They described staff as being polite and understanding, taking time to listen. They were very positive about the service and care delivered by the practice. They commented that they felt the staff were hard working and caring. We saw a sample of thank you letters sent in by patients who wanted to show appreciation for the care that they had received.

We spoke to five members of the patient participation group (PPG) who told us that the practice worked well with the group. They met on a six weekly basis and meetings were attended by the practice manager and a GP. The practice consulted the PPG in relation to patient questionnaires. The PPG had raised a number of areas for improvement which had been taken forward by the practice. Members told us of positive action taken by the practice in response to patient questionnaires. For example, the creation of additional disabled parking bays.

Areas for improvement

Action the service **SHOULD** take to improve

- Establish an auditable system for the monitoring and recording of all decision making, action taken, outcomes and lessons learned in relation to significant events
- Ensure that the Infection Control Audit includes the checking of all single and Central Sterile Supplies Department (CSSD) instrumentation.

Dr Bansel & Partners

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 and a practice manager specialist adviser.

Background to Dr Bansel & Partners

Dr Bansel & Partners is situated in East Sussex. It comprises of three locations. The main location is:- Stone Cross Surgery,

Mimram Road

Stone Cross

East Sussex

BN24 5DZ

There are two branch surgeries:-

Pevensy Bay Surgery

10 Richmond Road

Pevensy Bay

BN24 6AQ

Westham Surgery

Church Bailey

Montague Way

Westham

BN24 5NQ

All three locations are managed from Stone Cross Surgery and they have a shared patient list. During our inspection we visited Stone Cross Surgery.

The practice serves a population of 11,803 patients, consisting predominantly of patients who are working or in full time education and older patients. Patients over the age of 65 account for 25.9% of the patient population in comparison with the national average of 16.7%. Patients who are working or in full time education account for 53.5% of the patient population compared with the national average of 60.2%.

The practice has a General Medical Service (GMS) contract. The practice provides enhanced services which include childhood immunisation and vaccination and on-line services.

The practice team consists of Six GP Partners. Four are male and two are female.

In addition there are six practice nurses; three health care assistants a phlebotomist; a practice manager and administrative staff.

The practice is a training practice for GP trainees (registrar) with 1 GP being trainer. At the time of our inspection one GP registrar was being supported by the practice.

Stone Cross Surgery is open between 8.30am and 6.00pm Monday to Friday. Appointments are from 8.30am to 12 noon every morning and 2.30pm to 5.30pm daily. Extended surgery hours are offered on Thursday mornings from 7.00am to 8.00am and on Saturday mornings from 8.00 to 1pm.

The practice has opted out of providing Out Of Hours services to their own patients. Information on the surgery

Detailed findings

website informs patients how to access medical attention when the surgery is closed. IC24 provides emergency care between the hours of 8am to 8.30 am and 6 to 6.30pm. Patients can access NHS 111 at all other times of the day.

Stone Cross Surgery is fully accessible for wheelchair users. There is a lift available.

Why we carried out this inspection

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

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

How we carried out this inspection

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 12 January 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, reception staff and the practice manager.
- Spoke with patients who used the service.

- Observed how patients were being cared for and talked with carers and family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.

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 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 (QOF) data, this relates to the most recent information available to the Care Quality Commission (CQC) at that time.

Are services safe?

Our findings

Safe track record and learning

There was a 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 computer system.
- Staff told us that significant events were discussed at management meetings and told us the outcomes were cascaded to relevant staff via email.
- The practice maintained records of all significant events identified. We looked at eight significant events recorded from January 2015 to 9 November 2015. However, the practice did not have a formal audit trail for the rationale for decisions made, actions taken and on-going monitoring in relation to significant events

The practice manager reviewed safety alerts and forwarded those that were relevant to a GP for further action. A recent example was manufacturers re-call in relation to a batch of D-dimers. These check blood clotting rates in patients at risk of blood clots in deep veins. This alert resulted in all stock being checked for the batch number by clinical staff and any relevant stock was withdrawn and returned.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. 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 provided reports where

necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level 3 for children.

- A notice in the waiting room advised patients that chaperones were available if required. A record was made on all patients notes when the services of a chaperone was used and who that chaperone was. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. Hand washing instruction signage was present in all toilets. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead. There was an infection control protocol in place and staff had received up to date training.
- Annual infection control audits were undertaken. The most recent audit was undertaken in October 2015 and a number of areas for improvement were identified. We saw evidence action was taken to address any improvements identified as a result. However, the audit failed to identify that some of the sterile surgical instruments were out of date. This meant they were not fit for use.
- There was a weekly and a monthly cleaning schedule in place. Clinical staff were responsible for cleaning their own clinical equipment.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice were generally good and prescriptions and medicines were stored securely. However, there was no system in place to conduct regular checks of expiry dates in relation to sterile equipment stored on the resuscitation trolley. This was highlighted during the inspection and the practice responded by immediately incorporating the required checks into the weekly emergency medicines check. Relevant evidence has been submitted and all requirements in respect of this have been met.
- The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) pharmacy team who attended the practice on a weekly basis.

Are services safe?

- Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions (PSDs) to enable health care assistants to administer vaccinations after specific training when a doctor or nurse was on the premises.
- We reviewed 12 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.

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 and an up to date risk assessment including a fire risk assessment. The carried out regular fire drills. Staff we spoke to told us that they had been involved in fire evacuation drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. A Legionella risk assessment had been completed and there was a flushing programme in place. The practice had also submitted water samples for routine testing and was awaiting the results at the time of the inspection. We saw evidence that flushing was being conducted in accordance with the risk assessment and practice policy. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). Arrangements were in place for

planning and monitoring the number of staff and mix of staff needed to meet patients' needs. Staff willingly carried out additional shifts to meet the needs of the service at times of staff sickness or leave.

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 and panic buttons 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 in the treatment room.
- Emergency medicines were easily accessible to staff on a trolley situation in the reception office and all staff knew of their location. All the emergency medicines we checked were in date and fit for use.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However, there was no system in place to conduct regular checks of expiry dates in relation to sterile equipment stored on the resuscitation trolley. We spoke to the practice and they provided evidence they had incorporated the required checks into the weekly emergency medicines check.
- A first aid kit and accident book was available.

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. Key members of the management team retained details of the plan whilst off duty to ensure an effective response in the event of a major incident.

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 patient needs.
- The practice monitored that these guidelines were followed through risk assessments, care plans, 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 99.9% of the total number of points available. 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 similar to the national average. The percentage of patients on the register, with diabetes, in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 81.68% compared to the national average of 77.54%
- The percentage of patients with hypertension in whom the last blood pressure reading measured 150/90mmHg or less in the preceding 12 months was 87.73% compared to the national average of 83.65%.
- Performance for mental health related indicators was similar to the national average.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 97.8% compared to the national average of 89.55%.

Clinical audits demonstrated the objective of improving patient outcomes.

- There had been 10 clinical audits completed in the last two years, three of these were two cycle audits. One of those three was completed with two further audits under evaluation. Relevant improvements had been implemented and were subject to further monitoring.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included an audit into the prescribing of Cephalosporin's and Quinolones with the aim of minimising the usage of these antibiotics. We saw that the practice undertook an audit which resulted in changes to prescribing guidelines. A follow up audit showed a fall in prescribing.

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 staff reviewing patients with long-term conditions such as Chronic Obstructive Pulmonary Disease, Asthma and Diabetes.
- 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.
- 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

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way. For example, when referring patients to other services.

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

Consent to care and treatment

Staff sought patient 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.

- 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 and those patients over the age of 75 years. Patients were then signposted to the relevant service.
- The percentage of women aged 24-64 whose notes recorded that a cervical screening test had been performed within the preceding 5 years was 84.29% which was above the national average of 81.83%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.
- Childhood immunisation rates for vaccines given were comparable to Clinical Commissioning Group (CCG) averages. For example, childhood immunisation rates for vaccines given to under two year olds ranged from 1.7% to 97.3% and five year olds from 90.6% to 97.7%.

Flu vaccine rates for the over 65s were 71.9%, and at risk groups 61.52%. These were also comparable to national averages.

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. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patient privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We spoke to five patients who told us that they were very satisfied with the care provide by the practice and that their dignity and privacy was respected at all time

We spoke with five members of the patient participation group (PPG). They told us they felt valued as a group, listened to and that they worked well with the practice. We looked at the PPG annual report dated 28/3/15 and the associated action plan. The report demonstrated clear evidence of partnership working with the group.

Results from the national GP patient survey (July 2015) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable for its satisfaction scores on consultations with GPs and nurses. For example:

- 87.6% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 90.8% and national average of 88.6%.
- 93% of patients said they had confidence and trust in the last GP they saw (CCG average 95.2% and national average 95.2%).
- 93.5% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 90.3% and national average 90.4%).
- 90.5% of patients said they found the receptionists at the practice helpful (CCG average 90% and national average 86.8%).

However some results were below local and national average:

- 77.2% of patients said the GP gave them enough time (CCG average 87.2% and national average 86.6%).
- 79.4% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 87.3% and national average 85.1%).

Care planning and involvement in decisions about care and treatment

Patients we spoke to, told us they felt involved in decision making about the care and treatment they received. They 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

Results from the national GP patient survey (July 2015) showed patients response to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 88.8% and national average of 86%.
- 76.4% said the last GP they saw was good at involving them in decisions about their care (CCG average 84.8% and national average 81.4%)
- 76.8% said the last nurse they saw was good at involving them in decisions about their care (CCG average 83.6% and national average 84.8%)

Whilst all the results were comparable to local and national averages, there was room for improvement in some areas. We spoke to the practice in relation to these results and established that it believed the cause to be the recent retirement of two senior partners and difficulties in recruitment, leading to reduced capacity. The practice was aware of the issues and proactive in its efforts to recruit new GPs.

The practice also advised us that they had reminded all clinical staff of the importance of involving patients in decisions relating to their care and taking time to give full explanations about tests and treatments.

Are services caring?

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 312 patients, 2.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them.

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. GPs attended monthly CCG meetings.

- The practice offered a designated quiet waiting room in addition to the general waiting room
- The standard length of time for an appointment was 10 minutes. However, there were longer appointments available for patients with a learning disability or with complex needs.
- Patients who may be at risk or vulnerable, were identified via the clinicians or the internal computer system. Those patients were provided with a separate telephone number which rang on all staff desks facilitating priority access to the surgery, every patient on this register has a note on their records to inform staff when speaking to patients or booking patients in that they are on the vulnerable/avoidance admission register to ensure patients are given priority appointments/treatment.
- Home visits were available for patients who had difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities and translation services available. The practice offered proactive, personalised care to meet the needs of the older people in its population and actively sought out those patients that would benefit from home visits in order to optimise their health.
- The practice offered enhanced care in the format of a one-stop shop to manage all outstanding medical needs including flu vaccines, blood pressure checks and blood test reviews.
- Patients on a recognised list of those requiring urgent care were given priority for telephone calls with a GP and were also contacted following hospital admission

Access to the service

The practice was open between 8.30am and 6.00pm Monday to Friday. Appointments were from 8.30am to 12

noon and 2.30pm to 5.30pm daily. Extended surgery hours were offered from 7.00am to 8.00am on Thursdays and Saturday mornings from 8.00am to 1 pm (for pre-bookable appointments). In addition to pre-bookable appointments, urgent appointments were also available for patients that needed them.

Results from the national GP patient survey (July 2015) showed patient's level of satisfaction with how they could access care and treatment in comparison to local and national averages.

- 77.9% of patients were satisfied with the practice's opening hours compared to the national average of 74.9%.
- 82% of patients said they would recommend this surgery to someone new to the area compared to the national average of 77.5%.

However,

- 63% of patients said they could get through easily to the surgery by phone (national average 73.3%).
- 46.4% of patients said they usually get to see or speak to the GP they prefer (Clinical Commissioning Group average 71.2% and national average 60%).

Patients told us on the day of the inspection that they were able to get appointments when they needed them, although it could be difficult to obtain an appointment quickly with their GP of choice. This was again a reflection of the recent GP retirements and difficulty in recruiting replacements. The practice was aware of this and constantly reviewing their processes to improve the management of the demand within their resources.

Listening and learning from concerns and complaints

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

- The complaint 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 information was available to help patients understand the complaint system. Posters and leaflets were displayed in the reception area and information was available on the practice website.

Are services responsive to people's needs?

(for example, to feedback?)

We looked at 11 complaints received in the 12 months between April 2014 and March 2015 and found that these were satisfactorily dealt with in a timely way, and the practice was open and transparent. Lessons were learnt from concerns and complaints and relevant action was

taken. For example, following a complaint staff were reminded of their responsibilities to thoroughly check prescriptions prior to handing them to a patient to ensure that they had been signed by a GP.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

Leadership and culture

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 they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology. However, formal records of decisions made and actions taken were not robustly maintained.

There was a clear leadership structure in place and staff felt supported by management.

- Management meetings with the GPs and Practice Manager were held on a weekly basis.
- Clinical meetings with GPs were held on a monthly basis.
- Clinical nurses meetings were held on a six weekly basis.
- Clinical meetings with GPs and Nurses were held quarterly with informal daily meetings to discuss current and impending events or issues.
- Whole practice meetings were held occasionally.
- 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 partners and management in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice proactively sought patient 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 regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a concern over poor signage was promptly resolved.

Are services well-led?

Good 

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

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