

# Benhill and Belmont Practice

## Quality Report

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

## Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Benhill and Belmont GP Centre on Wednesday, November 09, 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. The clinical waste bin was not securely stored at the main site.
- 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, with the exception of infection control training for two GPs.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. The practice had developed a patient charter which described what

patients could expect from the practice and what patients needed to do to support the practice to enable them to provide the standards of care set out in the charter.

- 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs and the practice was waiting for building permission for a new building.
- 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:

# Summary of findings

- Review storage of patient notes at the branch practice to ensure it is secure.
- Review the storage arrangements for the clinical waste bin at the main site.
- Consider the risks when trialling new staff to ensure patients and their information is safe.
- Ensure staff acting as chaperone have training and are clear about their role and all staff complete infection control training.
- Ensure patients have access to complaint forms.
- Consider informing patients of the availability of translation services.

**Professor Steve Field** CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was system in place for reporting and recording significant events, with events analysed and learning shared with relevant staff.
- 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.
- Risks to patients were assessed and generally well managed with the exception of infection control where the policy needed updating and two GPs had not completed training.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance, care plans were in place for avoidance of hospital admission.
- 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 most staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# 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 with the exception of records at the branch surgery which were stored in open shelving.

## 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.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was equipped to treat patients and meet their needs. There was a hearing loop and staff spoke a number of the locally used languages.
- 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.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to be patient focused by delivering high quality care and promoting good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure with each of the GPs taking responsibility for different areas of the practice and leading on different medical conditions. Staff knew who to report to and 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 risks with the exception of infection control and trialling new staff without recruitment checks.

Good



# Summary of findings

- 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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# 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.

- Older patients had a named GP to support their care.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. They provided a service to five nursing homes and two residential homes (186 beds across the homes) where they carried out a weekly visit and other visits when required.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and there was a recall system in place to ensure regular medicine and condition reviews. Patients at risk of hospital admission were identified as a priority and care plans were used to support these patients to manage emergency situations and given support strategies to prevent attending hospital.
- Performance for diabetes related indicators was comparable to the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for

Good



# Summary of findings

example, children and young people who had a high number of A&E attendances. There was a flag system on the practice electronic records to identify families where there were concerns.

- Immunisation rates were relatively high for all standard childhood immunisations. The practice had a system to follow up children who missed appointments.
- 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 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice provided extended hours two mornings and two evenings a week.
- 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 homeless people, travellers, asylum seekers, refugees and those with a learning disability.
- 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.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

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).

- 92% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for other mental health related indicators was comparable to the national average
- 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.
- 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.

**Good**



# Summary of findings

## What people who use the service say

The national GP patient survey results were published in July 2016. Two hundred and seventy-three survey forms were distributed and 107 were returned. This represented approximately 1% of the practice's patient list. The results showed the practice was performing in line with local and national averages.

- 90% of patients found it easy to get through to this practice by phone compared to the local average of 74% and the national average of 73%.
- 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 77% and the national average of 76%.
- 83% of patients described the overall experience of this GP practice as good compared to the local average of 87% and the national average of 85%.
- 79% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the local average of 82% and the national average of 80%.

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

We received 23 comment cards which were all positive about the standard of care received. Patients said they were very satisfied with the care, treatment and support they received, they described staff as being kind, caring, helpful, attentive, polite and friendly. Patients described the individual support they received as being personal appropriate and they were all happy to be registered at the practice.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. We contacted the managers of three of the nursing homes the practice provided services to, all three made positive comments about the care, treatment and support patients in the nursing homes received. They told us the GPs visited once a week and when required. They said the GPs had time to speak to patients individually and provided support to relatives when required, particularly around end of life care and gave staff the information they needed regarding new medicines and treatments prescribed. They said the repeat prescription process generally worked well.

# Benhill and Belmont Practice

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

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

## Background to Benhill and Belmont Practice

Benhill and Belmont GP Centre provides primary medical services in Sutton to approximately 11500 patients and is one of 28 practices in the NHS Sutton Clinical Commissioning Group (CCG). The practice operates under a Personal Medical Services (PMS) contract and provides a number of local and national enhanced services (enhanced services require an increased level of service provision above that which is normally required under the core GP contract).

Compared to the England average, the practice has more young children as patients (age up to nine) and fewer older children (age 10 – 19). There are more patients aged 30 – 49, and fewer patients aged over 50, with more aged over 85 years than at an average GP practice in England.

Life expectancy of the patients at the practice is in line with CCG and national averages. The surgery is based in an area with a deprivation score of four out of 10 (1 being the most deprived), and has a higher level of income deprivation affecting older people and children. Compared to the English average, more patients are unemployed and have a long-standing health condition.

The practice operates from two surgeries, one in Sutton, Benhill Surgery which is in a converted residential premises with patient facilities on the ground floor.

The other surgery is situated in Belmont, this was purpose built in 1990. Both premises are accessible to patients in a wheelchair and those with pushchairs, there are baby changing and breast feeding areas available and a hearing loop.

The practice team at the surgery is made up of five GP principles, four salaried GPs and two GP registrars. Together the GPs provide 59 clinical sessions per week. The practice employs four part time female practice nurses and one part time female health care assistant. The non-clinical team consists of a practice manager, reception manager and seventeen administrative and reception staff.

The Benhill surgery opens between 8am and 6.30pm Monday to Friday. Appointments are available in two sessions daily, one morning and one afternoon. Extended hours appointments are offered from 7am to 8am on Mondays.

The Belmont surgery is open between 8.30am until 6.30 Monday to Thursday and 8.30am until 6pm Friday and is closed between 1pm and 2.30pm daily, however, the telephones are answered. Extended hours are provided 7am until 8am and 6.30pm until 8pm on Tuesday.

The provider has opted out of providing out-of-hours (OOH) services to their own patients between 6.30pm and 8am when the practice directs patients to seek assistance from the locally agreed out of hours provider.

The practice is registered with the Care Quality Commission (CQC) to provide the regulated activities of treatment of disease, disorder or injury, maternity and midwifery services, family planning, surgical procedures and diagnostic and screening procedures.

# Detailed findings

The practice is a training practice for doctors training to be GPs, and takes nurse practitioners and nursing students for placements.

This is the first time that the CQC has inspected the practice.

## 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.

## 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 Wednesday, November 09, 2016.

During our visit we:

- Spoke with a range of staff including 3 GPs, one nurse, the health care assistant, practice manager and deputy practice manager and four reception and administrative staff.
- We spoke with three patients who used the service including a member of the patient participation group.
- We spoke with the managers of three of the nursing homes the practice provided services to.
- Observed how patients were being greeted in the reception and waiting area and talked with carers and 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.
- We visited the branch surgery Belmont GP Centre situated in Station Approach, Belmont.

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 form supported 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.
- The practice carried out an analysis of significant events.

We reviewed safety records, incident reports, patient safety alerts 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, we saw when an injection was given outside of the immunisation schedule. The incident was reviewed and learning shared with practice staff. In response to the event, the practice assigned responsibility for booking immunisation appointments with one member of staff and the GPs and nurses were reminded of the importance of checking the immunisation schedule before vaccines were administered. We saw meeting minutes where significant events were discussed and we saw an overview of issues and learning was discussed with the patient participation group.

The practice policy regarding dealing with medicines alerts required updating to reflect what the GPs were doing.

### 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 clear and accessible to all staff. These documents 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, nurses to level 2 and non-clinical staff (through in-house training) to level 1. Staff were clear of their responsibilities and how to report concerns.

- A notice in the waiting room advised patients that chaperones were available if required. The practice had developed a chaperone policy although this did not indicate where staff should stand. All staff who acted as chaperones were trained for the role, however there was some confusion about where they should stand. These staff 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 with the exception of two GPs. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. We did find the outside clinical waste bin was not securely stored.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept 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

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from one of the GPs for this extended role and attended the monthly prescribing forum. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.) The Health Care Assistant was trained to administer vaccines and medicines against a patient specific prescription (PSD) direction from a prescriber. (PSDs are written instructions from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five personnel files and generally found appropriate recruitment checks had been undertaken prior to employment, with files for staff recruited most recently containing all of the required checks. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We did find the practice offered prospective new administrative staff a trial as part of the recruitment process and they had not considered the risks involved and had not carried out a risk assessment to identify and mitigate any risks.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All

electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (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. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty and arrangements to cover staff members holiday. The GPs operated a buddy system which provided cover during their absence.

### 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 in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date except for hydrocortisone which was ordered to be replaced during the inspection. The emergency medicines were 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 and contractors with a copy kept of site in case staff were not able to access the premises.

# 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 lead GP presented summaries of updated guidance to the practice team during monthly practice meetings.

- 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 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). Each of the GPs was responsible for one area of the QOF. The practice developed action plans to make improvements for patients.

The most recent published results (2015/16) were 93% of the total number of points available, compared to the local and national average of 95%.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was comparable to the national average.
- 73% of patients with diabetes, had their HbA1c (blood sugar over time) last measured at 64 mmol/mol or less, compared to the local average of 74% and the national average of 78%.
- 81% of patients with diabetes had well controlled blood pressure, compared to the local average of 75% and the national average of 78%.

- 99% of patients with diabetes had an influenza immunisation, compared to the local average of 93% and the national average of 95%.
- 76% of patients with diabetes had well controlled total cholesterol, compared to the local average of 77% and the national average of 80%.
- 91% of patients with diabetes had a foot examination and risk classification, compared to the local average of 87% and the national average of 88%.
- Performance for mental health related indicators was above the national average.
- 97% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan, compared to the local average of 91% and the national average of 89%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had their alcohol consumption recorded, compared to the local average of 88% and the national average of 89%.
- 92% of patients diagnosed with dementia had a face-to-face review of their care, compared to the local average of 86% and the national average of 84%.
- 92% of patients with physical and/or mental health conditions had their smoking status recorded, compared to the local average of 94% and the national average of 94%.

Rates of exception reporting was also similar to local and national 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).

The practice operated personal lists for GPs with arrangements to cover absence to ensure consistency of care for patients.

There was evidence of quality improvement including clinical audit.

- The practice had a schedule of audits which were used to monitor and improve outcomes for patients. There had been eleven clinical audits carried in the last two years, two of these were completed audits where the improvements made were implemented and monitored.

# Are services effective?

## (for example, treatment is effective)

- Findings were used by the practice to improve services. For example, an audit of patients with schizophrenia identified 71% (60 of 98 patients) had their blood pressure checked and 61% (60 of 98 patients) had their alcohol consumption recorded in the previous year. The practice identified this was below expectations, they agreed an action plan to improve including to text patients. The second audit identified an increase to 90% of patients with a blood pressure reading and 87% of patients having a record of their alcohol consumption.
- The practice participated in local audits, national benchmarking, accreditation and peer review.

### 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 had completed training in high risk foot care, diabetes, anticoagulation update chronic kidney disease and muscular skeletal updates.
- 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 attending regular training updates, 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, one-to-one meetings and mentoring, clinical supervision and facilitation and support for revalidating GPs. Most staff had received an appraisal within the last 12 months and the practice were working through an action plan to complete the rest.
- Staff received training that included: safeguarding, fire safety awareness, basic life support, information

governance, equality and diversity and health and safety. Although the system to ensure training was completed and updated did not always identify gaps. For example two GPs had not completed infection control training. 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.
- 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.
- The process for seeking consent was monitored through patient records audits.

### Supporting patients to live healthier lives

# Are services effective?

(for example, treatment is effective)

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition, those requiring advice on their diet, smoking and alcohol cessation and patients with a learning disability. Patients were signposted to the relevant service.
- Advice on diet and smoking cessation was available from a local support group.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the Clinical Commissioning Group (CCG) average of 82% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 11% to 98% (local rates ranged from 5% to 97%) and five year olds from 77% to 88% (local rates ranged from 82% to 93%).

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

All of the 23 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with one member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 92% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 87%.
- 95% of patients said the GP gave them enough time compared to the Clinical Commissioning Group (CCG) average of 86% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 96%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.

- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and the national average of 91%.
- 96% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

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

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

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% 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 81% and the national average of 82%.
- 96% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 85%.

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

- Staff told us they had access to translation services were available for patients who did not have English as a first language. We did not see notices in the reception areas informing patients this service was available.
- Staff at the practice spoke a number of the languages of the local population.
- Information leaflets were available in easy read format.

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

## Are services caring?

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 226 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The practice provided annual health checks and the offered the influenza vaccine to all carers.

The practice had developed a policy regarding end of life care and one of the GPs was the lead for this area. They had links with the local hospice. Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by 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. For example the practice provided a musculoskeletal service to reduce hospital referrals.

- The practice provided extended hours on a Monday and Tuesday morning and evening from 7am to 8am and from 6.30pm until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- Both the main site and the branch were accessible to patients in a wheelchair and there was a hearing loop at the main site and translation services available.

### Access to the service

The practice was open between 8am am and 6.30pm Monday to Friday. Extended hours appointments were offered at the following times on Monday at the Benhill surgery and Tuesday at the Belmont surgery from 7am to 8am and from 6.30pm to 8pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 81% of patients were satisfied with the practice's opening hours compared to the local average of 80% and the national average of 79%.
- 90% of patients said they could get through easily to the practice by phone compared to the local average of 74% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them.

GPs called patients requesting a home visit to assess whether a home visit was clinically necessary; and the urgency of the need for medical attention. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

### 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.

We looked at two of the ten complaints received in the last 12 months and found they were satisfactorily handled, dealt with in a timely way and the demonstrated openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, when a patient complained when they were not clear about what to do if symptoms worsened, the practice apologised to the patient and agreed within the practice to ensure patients were advised of a follow up plan. The practice discussed an overview of complaints with the patient participation group each year.

# 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 which was patient centred to deliver high quality care and promote good outcomes for patients. They had developed a patient charter in consultation with patients and staff which described expectations and was available on their website, although not displayed in the practice of branch.

- The practice displayed their vision to work with patients to provide the best healthcare for them and their family in the waiting areas and staff knew and understood this and the patient charter.
- The practice had a clear strategy and supporting business plans which reflected the vision and values and were monitored regularly.

### Governance arrangements

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

- There was a clear staffing structure and all staff were aware of their own roles and responsibilities. We saw evidence the partners planned for the future of the practice and had worked to identify and train staff in preparation for retirement and were working with patients, staff and the local planning department on the development of a new practice building.
- Practice specific policies had been developed, were implemented and available to all staff. We found two policies needed updated, to reflect the GPs practice for dealing with safety alerts and infection control.
- A comprehensive understanding of the performance of the practice was maintained and we saw this was a regular agenda item at meetings and individual staff and GPs were clear about the areas they were responsible for.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions with two exceptions, the clinical waste was not securely stored and consideration of the risk or trialling new administrative staff had not been considered.

### Leadership and culture

On the day of inspection the partners in the practice 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 partners 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). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners 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 and we saw meeting minutes confirmed this.
- 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. We noted team away days were held every year.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and they told us the partners encouraged them to identify opportunities to improve the service delivered by the practice.

# Are services well-led?

Good 

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

## 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 and were involved in the development of the new surgery. The practice had improved the layout of notice boards and made a dedicated space for the patient participation group.
- The practice had gathered feedback from staff through team meetings and annual staff away days and

generally through discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management and had opportunities to do so. They felt involved and engaged to improve how the practice was run and were involved in the planning for the new surgery.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area including the care home vanguard and the provision of the musculoskeletal service.