

Bannockburn PMS

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 Bannockburn Surgery on 5 May 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 been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.

- Improvements were made to the quality of care as a result of complaints and concerns.
- 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.
- 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:

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.

Summary of findings

- The provider should carry out an annual infection control audit.
- The provider should review arrangements for patients to access a male GP if requested.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When 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 well managed.

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 Clinical Commissioning Group (CCG) 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 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.
- Information for patients about the services available was easy to understand and accessible.
- Staff treated patients with kindness and respect and maintained patients information confidentiality.

Good



Summary of findings

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 were able 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.
- 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 deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- 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 notifiable safety incidents and 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.

Good



Summary of findings

The six population groups and what we found

We always inspect the quality of care for these six population groups.

Older people

The practice is rated as good for the care of older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. Extended appointments, home visits and urgent appointments were available for those with enhanced needs.
- Annual home visits, to carry out annual reviews and flu vaccination, were available for the housebound.
- All unplanned admissions were monitored and followed-up.

Good



People with long term conditions

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

- The practice nurse worked collaboratively with the GPs in the management of patients with long-term conditions.
- Patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related Quality Outcomes Framework (QOF) indicators was 100% which was above the Clinical Commissioning Group (CCG) average of 81% and national average of 89%. Exception reporting for this indicator was 0.4% which was below the CCG 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).
- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that 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.
- All patients with a diagnosis of cancer were contacted shortly after they had been diagnosed to arrange an appointment for a review with their named GP who would then be available to offer support throughout their illness.

Good



Summary of findings

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 who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25 - 64 years who had a cervical screening test performed in the preceding five years was 82% which was comparable to the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- A weekly GP walk-in clinic for children was available for non-urgent appointments.
- We saw positive examples of joint working with midwives and health visitors.

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 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 online services. Online ordering of prescriptions, appointment booking and email communication were available.
- A full range of health promotion and screening was available that reflected the needs for this population group.
- Early morning and evening appointments were available.

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 and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients 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 safeguarding responsibilities regarding information sharing, documentation of concerns and how to contact relevant agencies.
- The practice carried out annual health checks for people with a learning disability.

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).

- 100% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the preceding 12 months which was above the national average of 84%. The exception reporting rate for this indicator was 0% which was below the CCG average and national average.
- 100% of patients diagnosed with a mental health disorder had a comprehensive agreed care plan documented in the preceding 12 months, which was above the national average of 88%. The exception reporting rate for this indicator was comparable to the CCG and 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 told patients experiencing poor mental health how to access various support groups and voluntary organisations.
- The practice had a system in place to monitor and 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 published in January 2016 showed the practice was performing in line with local and national averages. 403 survey forms were distributed and 109 were returned. This represented a response rate of 27% (2% of the practice's patient list).

- 93% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 82% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 77% of patients described the overall experience of this GP practice as good or very good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 58 comment cards which were all positive about the standard of care received. One negative

comment was received which stated that the patient would prefer the 'Drop-in' service to be provided by a GP rather than a nurse. Positive comments received stated that the practice provided an excellent service; that staff were polite, helpful and always listened and that GPs were extremely attentive and gave helpful advice (not just medicines) and dealt with referrals promptly.

We spoke with ten patients during the inspection. All patients said they were satisfied with the care they received and thought staff were friendly, approachable, committed and caring. Patients told us that you can always get an urgent appointment through the walk-in service and that they only had to wait a couple of days to book a non-urgent appointment. Staff were described as going beyond what is expected of them and patients told us they never feel rushed.

The practice reviewed responses to the Friends and Family Test (FFT) in which patients were asked 'How likely are you to recommend our service to friends and family'. The recent results showed that 89% of patients responded that they would recommend the practice.

Areas for improvement

Action the service SHOULD take to improve

- The provider should keep a record of batch numbers of blank prescriptions placed in printers.
- The provider should review how patients with caring responsibilities are identified and recorded on the clinical system to ensure information, advice and support is made available to them.
- The provider should carry out an infection control audit annually.
- The provider should review arrangements for patients to access a male GP if requested.

Bannockburn PMS

Detailed findings

Our inspection team

Our inspection team was led by:

a CQC Lead Inspector. The team included a GP Specialist Adviser and an Expert by Experience.

Background to Bannockburn PMS

Bannockburn Surgery is situated in a property converted from two terrace houses in a residential area of Plumstead, in the Royal Borough of Greenwich. Greenwich Clinical Commissioning Group (CCG) are responsible for commissioning health services for the locality.

The practice is registered with the CQC as a Partnership. Services are provided from one location at 20 – 22 Bannockburn Road, Plumstead, London SE18 1ES. Services are delivered under a Personal Medical Services (PMS) contract. The practice is registered with the CQC to provide the regulated activities of family planning; maternity and midwifery services; treatment of disease, disorder and injury and diagnostic and screening procedures.

The practice has 5603 registered patients. The practice age distribution differs from the national average. The practice has a larger than average patient population for the 0 – 5 and 20 - 39 year age groups and a lower than average population over 45 years. The surgery is based in an area with a deprivation score of 4 (with 1 being the most deprived and 10 being the least deprived).

Clinical services are provided by two full time female GP partners; one part-time female GP partner (0.81 wte); one part-time female GP locum (0.21 wte) and two Practice Nurses (1.27 wte).

Non clinical services are provided by a practice administrator (0.9 wte), six part-time administration and reception staff (4.42 wte) and a housekeeper (0.4 wte).

The practice provides the following Directed Enhanced Services (DES): Childhood Vaccination and Immunisation Scheme; Extended Hours Access; Facilitating Timely Diagnosis and Support for People with Dementia; Influenza and Pneumococcal Immunisations; Learning Disabilities; Minor Surgery; Patient Participation; Risk Profiling and Case Management; Rotavirus and Shingles Immunisation and Unplanned Admissions. (Enhanced Services are services which require an enhanced level of provision above what is expected under a core contract).

Two of the partners provide teaching, mentoring and placements at Bannockburn Surgery for medical students from Kings College London.

The surgery is open between 08.00 and 18.30 hours Monday to Friday with extended hours provided from 07.00 to 08.00 hours on Tuesday and from 18.30 to 19.30 hours on Tuesday and Thursday.

Pre-booked and urgent appointments are available with the GP on Monday from 08.30 to 18.00 hours; Tuesday from 07.00 to 19.30 hours; Wednesday from 09.00 to 11.30 and 16.00 to 18.00 hours; Thursday from 11.30 to 13.30 and 16.00 to 19.30 hours and on Friday from 10.30 to 12.30 and 16.00 to 18.00 hours.

A Walk-in service is available with the practice nurse from 09.00 to 11.30 hours Monday to Friday.

Pre-booked appointments are available with the practice nurse between 13.00 and 17.30 hours Monday to Friday.

Extended hours are provided from 07.00 to 08.00 hours and from 18.30 to 19.30 hours on Tuesday and from 18.30 to 19.30 hours on Thursday.

Detailed findings

When the surgery is closed GP services are available via NHS 111.

A practice leaflet was available and the practice website (www.bannockburnsurgery.co.uk)

included details of services provided by the surgery and within the local area.

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 5 May 2016. During our visit we:

- Spoke with a range of staff including all GP Partners; practice nurse; practice administrator and administration and reception staff.
- 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 patient's medical records.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was an electronic recording form available. 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 a thorough 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, it was identified that the practice had prescribed a medicine at the incorrect concentration following information received from secondary care. As a result the practice reviewed the procedure for entering prescribing changes from secondary care onto patients records. New procedures were put into place whereby prior to entering prescribing changes to a patient's records a GP checks that the information provided by secondary care is appropriate.

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 to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for safeguarding children and a GP lead for safeguarding

adults. 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. The practice nurse and GPs were trained to child safeguarding level 3.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (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. However an infection control audit had not been undertaken in the previous 12 months.
- The arrangements for managing medicines, 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 medicine reviews and medicines audits bi-monthly with the support of the local CCG senior pharmacist to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. However there were no systems in place to record batch numbers of blank prescriptions placed in printers.
- Patient Group Directions (PGDs) had been adopted by the practice to allow practice 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.)
- We reviewed ten personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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 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, asbestos 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 and staff arranged annual leave to ensure sufficient cover was available within the team.

Arrangements to deal with emergencies and major incidents

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

- There were panic alarm buttons in all consultation and treatment rooms which alerted staff to any emergency and an instant messaging system on the computers in all the consultation and treatment rooms.
- All staff received basic life support training and emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely
- 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 also 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 senior staff and could be accessed outside of 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 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 guidelines were followed through risk assessments and audits.

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 (2014/15) showed that the practice achieved 97.5% of the total number of points available compared to a Clinical Commissioning Group (CCG) average of 91.5% and national average of 94.7%.

The practice exception reporting rate was 6.3% which was comparable to the CCG average of 6.8% and the national average of 9.2%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators of 100% was above the CCG average of 81% and national average of 89%.
- Performance for mental health related indicators of 100% was above the CCG average of 90% and national average of 93%.

Exception reporting for both of these indicators was below the national average.

There was evidence of quality improvement including clinical audit. There had been several clinical audits completed in the last two years where the improvements made were implemented and monitored. For example,

- A two-cycle completed audit was carried out to review the treatment of all patients with atrial fibrillation at risk of stroke, to ensure they were receiving optimal treatment with anticoagulant therapy. Patient's treatment was reviewed and where necessary altered to reflect the National Institute for Clinical Excellence (NICE) guidance. A further audit showed a 40% decrease in patients who were not receiving anticoagulation therapy.
- A second two-cycle audit was aimed at the review of patients using Multi-compartment Compliance Aids (MCAs). As a result of the audit findings the practice has improved the practice procedure for the introduction of an MCA. All patients are now assessed prior to the introduction of an MCA to ensure an alternative to MCA is not more suitable and that the medicines prescribed are appropriate for an MCA or that alternative preparations may be more useful.

The practice participated in local audits, national benchmarking, accreditation and peer review. Information about patients' outcomes was used to make improvements.

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 demonstrated they ensured role-specific training and updating for relevant staff. For example, for the practice nurse who reviewed patients with long-term conditions.
- 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

Are services effective?

(for example, treatment is effective)

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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months with one of the GP partners. Clinical supervision for nursing staff was also provided by one of the GP partners.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example, patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant support services.

The practice's uptake for the cervical screening programme was 82%, which was comparable to the national average. 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 and 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 were comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 75% to 84%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40 to 74 years. 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff told us that when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 58 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 a 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 patients needed help and provided support when required.

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

- 84% of patients said the GP was good at listening to them compared to the CCG average of 85% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 82% and the national average of 87%.
- 90% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 93% and the national average of 95%.

- 80% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 85% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% 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.

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:

- 84% of patients said the last GP they saw was good at explaining tests and treatments compared to 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 national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

The practice provided facilities to help patients become involved in decisions about their care. Staff told us that interpreting services were available for patients who did not have English as a first language and a number of languages were spoken by staff in the practice.

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 leaflets about various health related subjects were also available.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 31 patients as

carers (0.6% of the practice list). Carers are identified at registration, during consultations and by reception staff. Written information was available to direct carers to the various support and services available to them.

Staff told us that if families had suffered a bereavement their usual GP contacted them and one of the partners would often attend the funeral. A patient consultation was offered at a flexible time to meet the family's needs or a home visit. Advice on how to access bereavement support services was also given if appropriate.

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 patients who could not attend during normal opening hours the practice offered extended hours on Tuesday from 07.00 to 08.00 hours and on Tuesday and Thursday from 18.30 to 19.30 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 patients with medical problems that require a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for private vaccines as appropriate.
- There were disabled facilities and interpreting services available.
- All reasonable adjustments were made and action was taken to remove barriers when patients found it hard to use or access services.

Access to the service

The surgery was open between 08.00 and 18.30 hours Monday to Friday with extended hours provided from 07.00 to 08.00 hours on Tuesday and Thursday and from 18.30 to 19.30 hours on Thursday.

Pre-bookable appointments with the GP could be booked up to six weeks in advance. Urgent appointments were also available for people that needed them. Appointments were available on Monday from 08.30 to 18.00 hours; Tuesday

from 07.00 to 19.30 hours; Wednesday from 09.00 to 11.30 and 16.00 to 18.00 hours; Thursday from 11.30 to 13.30 and 16.00 to 19.30 hours and on Friday from 10.30 to 12.30 and 16.00 to 18.00 hours.

Pre-booked appointments are available with the practice nurse between 13.00 and 17.30 hours Monday to Friday.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 93% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- The practice 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 five complaints received in the last 12 months and found these were satisfactorily handled in a timely way and with 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, following a complaint from a patient the practice had implemented increased data protection checks with patients prior to the sharing of their information.

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 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 that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- 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.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 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 that team meetings were held every two months. These meetings were minuted and the information was shared with all staff members.
- 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 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the practice had implemented improvements resulting from the following suggestions made by the PPG:

- extended hours
- increased availability of on the day appointments
- improvements in online appointment booking service, including encouragement and support to increase the number of patients using the service.

The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

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. For example, the practice worked closely with the Senior CCG Pharmacist who attended the practice bi-monthly to chair practice clinical governance meetings and assist the practice with audits and medicine reviews.