

# Great Barford Surgery

## Quality Report

26 Silver Street,  
Bedford,  
Bedfordshire,  
MK44 3HX  
Tel: 01234 870325  
Website: [www.greatbarfordsurgery.co.uk](http://www.greatbarfordsurgery.co.uk)

Date of inspection visit: 8 March 2016  
Date of publication: 19/07/2016

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 Great Barford Surgery on 8 March 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 area where the provider should make improvement is:

- Continue to work to improve patient satisfaction scores.

**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 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.
- Appropriate recruitment checks were undertaken for all staff.
- The practice had a robust business continuity plan.

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.
- 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 patient's 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.

Good



# Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers; they had identified 2% of the practice population as carers.

## 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 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 had a robust process in place to record complaints and responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice provided 24 hour blood pressure monitoring to aid diagnosis of hypertension.

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 ensured this information was shared with staff to ensure appropriate action was taken.

Good



# Summary of findings

- 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.

- 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, and offered home visits and urgent appointments for those with enhanced needs.
- The practice arranged for a hearing advisor to attend each month to advise patients with difficulties in the practical elements of their hearing aids. Replacement batteries were available from the reception.
- Approximately 50% of the practice list, in this group used the online system for booking appointments and prescription requests.
- Flu vaccination clinics were held in the local community hall which offered better parking facilities for patients than the practice could offer. The majority of patients using this venue were older people.
- The dispensary team and GPs offer blister packs to aid medicines management.

Good



### People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice performance relating to diabetes indicators was comparable to the CCG and national averages, for example, The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 89% compared to the CCG average of 90% and the national average of 88%.
- 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



# Summary of findings

- Medicine review dates were noted in the patient record and printed on the repeat medicine request slips.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were slightly higher than local and national averaged for all standard childhood immunisations.
- The practice offered specific times for immunisation clinic appointments for parents who experienced needle phobia.
- 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 84%, which was comparable to the CCG average of 83% and above the national average of 74%.
- 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, 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 as well as a full range of health promotion and screening that reflects the needs for this age group.
- NHS health check invitations sent to all those not in receipt of regular monitoring for other conditions.
- The practice offered a variety of appointments, same day and bookable in advance along with telephone consultations.
- The practice used the electronic prescription service.
- Temporary registration status was offered for university students returning home during breaks and holiday times.

Good



# Summary of findings

- For this group the practice also offered immunisation catch up programs in line with local guidance and schemes, appointments offered outside of term time, half term flu vaccination clinics and sexual health advice.

## 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.
- 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.
- 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.
- Staff had received safeguarding training appropriate to their role.
- The practice offered seven day prescriptions to those who required it.
- Vulnerable patients were encouraged to nominate a friend or relative, to be registered on the system to communicate on their behalf.

Good



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

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

- The practice had lower than average results for this group for example, 67% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, lower than the CCG and national averages of 84%. The practice was aware of this and was monitoring the number of consultations and reviews to improve the results.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good





# Summary of findings

- 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 self-referral process into the improving psychological therapies service.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff had undertaken dementia awareness training.

# Summary of findings

## What people who use the service say

What people who use the practice say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 236 survey forms were distributed and 124 were returned, representing a response rate of 53% (3% of the practice's patient list).

- 92% of patients found it easy to get through to this practice by phone compared to 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 national average of 76%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 61% 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 six comment cards, five were positive about the standard of care received. Patients commented that they felt respected and included in their care and received a good service. There were also complimentary statements about the nurses. One card contained a negative comment about the attitude of one of the clinical team.

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 were also told that it was easy to get through to the practice on the telephone.

## Areas for improvement

### Action the service SHOULD take to improve

The area where the provider should make improvement is:

Continue to work to improve patient satisfaction scores.

# Great Barford Surgery

## 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 second inspector and GP specialist advisor.

## Background to Great Barford Surgery

The practice is located in a purpose built health centre, in Silver Street, Great Barford, Bedfordshire. Based on data available from Public Health England, the area served is within the top 10% least deprived areas nationally. The practice population has higher than the national average aged between 45-75 years and lower than the national average between the ages of 0-9 years and 20-39 years. The practice has a registered list size of approximately 4,753 patients. The practice holds a general medical services contract (GMS) for providing services, a nationally agreed contract.

The Dispensary at the surgery dispenses medicines for those patients that live more than one mile from a chemist and who are registered on the practice dispensing list.

The Practice staff includes two male GP partners and a female salaried GP, two practice nurses, one health care assistant and four staff who support the dispensary. The team is supported by the practice manager and eight administrative staff, including medical secretaries and receptionists.

The practice is open from between 8.30am and 1pm and from 2pm to 6pm, Monday to Friday. Patients can contact the practice from 8am. Appointments are available between 8.00am and 1pm and between 2pm and 6pm Monday to Friday.

When the practice is closed, out of hours services are provided by Bedfordshire Doctors On Call (BEDDOC) for patients who require the services of GP.

The practice was inspected by CQC on 30 July 2013.

## 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 inspecting, 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 inspection on 8 March 2016. During our inspection we:

- Spoke with a range of staff, two GP partners, a salaried GP, a nurse, the dispensing team, the practice manager, a number of reception staff and spoke with patients who used the service.

# Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

# Are services safe?

## Our findings

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).
- A log of significant events was maintained by the practice manager. Significant events were discussed at practice meetings between clinical staff and the practice manager as appropriate to the event. We saw evidence that significant event review meetings were held annually and that the practice carried out a thorough analysis of the significant events. This process was well documented with all details recorded along with a record of actions taken and lessons learnt for future reference, which were shared where appropriate with all staff either at practice meetings or via electronic notifications on the computer system.
- Patient safety and medicines alerts were received into the practice by email to the practice manager who cascaded information to relevant staff. We saw that safety alerts were discussed at practice meetings and that appropriate action was taken when necessary to ensure patient safety was maintained.
- We saw evidence that when things went wrong with care and treatment or where there were unintended or unexpected safety incidents, patients were informed of the incident, received reasonable support and a written apology and were told about any actions taken to improve processes and to prevent the same thing happening again.
- Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of any safety risks that would impact on clinical care.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts, patient safety alerts and minutes of meetings where these were discussed. The practice had robust systems in place and we saw evidence that demonstrated lessons were shared and action was taken to improve safety in the practice.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities relating to recognising signs of abuse or neglect and knew how to report any concerns and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to manage child safeguarding level 3. Nurses were trained to the level appropriate to their role.
- 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). It was noted in the patient record where a chaperone was used.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly 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

## Are services safe?

place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

- 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 medicines management team, 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. The dispensary team and GP's offered blister packs which separate daily medicines, to aid medicine management. Robust systems were in place to ensure changes to medicines were communicated to the dispensary including prompts on the patient record and notifications sent to the dispensary team informing them a change had been made.
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continued learning and development. Any medicines incidents or 'near misses' were recorded for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures which covered all aspects of the dispensing process (these were written instructions about how to safely dispense medicines).
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available 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 (COSHH), 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 skill 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. Staff had telephone contact numbers for their specified colleague to arrange cover for absences which was overseen by the practice manager.

### 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.

## Are services safe?

- 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 and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The practice kept a lap top for use should the practice not be accessible and this would enable secure, remote access to clinical systems. The plan included emergency contact numbers for staff and a hard copy was held off site.

# 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 these guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 87% of the total number of points available with 9% exception reporting. (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 an outlier for two areas of QOF. One relating to patients with diabetes, on the register, in whom the last blood pressure reading showed good control in the preceding 12 months was 62% where the national average was 78%. The second relating to patients with atrial fibrillation receiving the recommended therapies was 88% compared to the national average of 98%. However, the practice was actively encouraging patients to attend review appointments. Data from 2014/2015 showed that:

- Performance for diabetes related indicators was otherwise comparable to the national average. For example, the percentage of patients with diabetes, on the register, in whom the last blood glucose reading showed good control in the preceding 12 months, was 78% which was the same as the national average.

- Performance for mental health related indicators was below the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 67% where the CCG average was 87% and the national average was 88%. Exception reporting for this indicator was 3% compared to a CCG average of 15% and national average of 13%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the CCG and national averages of 84%.
- There was evidence of quality improvement including clinical audit.
- There had been two clinical audits completed in the last two years, both of these were completed audits where the improvements made were implemented and monitored. Findings were used by the practice to improve services. For example, recent action taken as a result included the practice ensured that where patients were prescribed oral nutritional supplements this was initiated by GPs on an acute prescription to achieve close monitoring. Also the wording on medicines was altered to be clearer to patients with regards to how the supplements should be taken.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### 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 also had comprehensive induction programmes for all new staff and locums.
- 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. Nurses attended specific training to enhance their skills for treating patients with long term conditions for example local study days in diabetes. The nurses also attended the local practice nurse forum meetings which not only gave good peer support but provided additional educational sessions.



# Are services effective?

(for example, treatment is effective)

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings. The nurses clinical skills were assessed and appraised by a GP.
- 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 and there was a programme in place for staff development to be reviewed every six months.
- 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. Staff told us that they were given time away from their duties to complete mandatory training, in addition to protected learning time.

## 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.
- The practice had introduced a new dictation system to achieve quicker response to referrals and correspondence.

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 where care plans were routinely reviewed and updated for patients with complex needs. The midwife held a weekly clinic at the practice and at certain times of the year this was run alongside the flu vaccination clinic to offer the service to expectant mothers.

The practice had a system in place which demonstrated that recall dates were set to review patients with long term health conditions. Written invitations were sent to patients to inform them that their review was due. The practice recorded the preferred method of contact for patients and each patient was written to three times encouraging them to attend their appointment. A clinical report was linked to the recall dates to create a mailing list of patients required to attend for a review. There was a medicine review date noted in the patient record which was a safeguard for both medicine and patient reviews. Prescription clerks could only issue medicines on one occasion after the review date before referring to a GP to arrange to see the patient review or review the medicine. We saw that medicine review dates were printed on repeat medicine request slips.

## 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. Verbal consent was recorded in the patient record at the time of treatment and written consent was scanned and added by the administration team.

## Supporting patients to live healthier lives

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

# Are services effective?

(for example, treatment is effective)

- 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 advice. Patients were signposted to the relevant service.
- Smoking cessation advice was available at the practice.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG average of 83% and above the national average of 74%. 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. Data published in March 2015 showed that 77% of patients aged 60-69 years had been screened for breast cancer in the preceding 30 months, where the CCG average was 74% and the national average was 72%.
- The practice held its own anticoagulation clinic and offered routine blood test appointments for any patients.
- The practice provided 24 hour blood pressure monitoring for patient identified at risk of developing hypertension to aid diagnosis.
- Childhood immunisation rates for the vaccinations given 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 100% and five year olds from 94% to 100%.
- Patients who had expressed difficulties in rationing their medicine for long periods of time were offered seven day prescriptions.
- 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 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; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We received six patient Care Quality Commission comment cards and they were all but one card gave positive feedback 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. One card commented on negative attitude from one of the clinical team.

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 they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 77% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 85% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.

- 73% 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%.
- 88% 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%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Some of the results were below the CCG and national averages, the practice recognised this and agreed to look at continuing ways to improve the standard of the services provided. The practice told us that they had been experiencing difficulties in recruiting additional permanent staff. Patients that we spoke to on the day of the inspection told us that they felt well cared for by the GPs and nurses and commented on how compassionate the reception staff were.

### 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 one of the questions about their involvement in planning and making decisions about their care and treatment. Results were variable in comparison to local and national averages. For example:

- 75% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 77% 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%.
- 90% 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%.

## Are services caring?

The practice were aware of the lower results in a number of the survey questions and were working to identify ways to improve these areas. The patients we spoke to said they felt fully involved in their care and treatment. We received complimentary comments about the nurses and dispensers.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

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

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 84 patients as carers (almost 2% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement the practice would usually make contact with them. Depending on the circumstances this may be a telephone call, a sympathy card, giving information on support groups or offering a consultation with the GP or nurse.

# 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.

- 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.
- Where a patient may have difficulty remembering the detail of the consultation the practice offered to print out the notes of the consultation for the patient to take away for future reference.
- The practice sent invitation letters to patients experiencing poor mental health to attend a review appointment with their named GP. During these appointments the GP used this as an opportunity to check the patients record for any alerts for tests or examinations that had not been undertaken for example routine blood tests, cervical smear tests or medication reviews. A number of patients who experienced poor mental health were already under the care of the community health team but depending on need could self refer to the improving access to psychological therapies (IAPT) programme.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice offered review appointments after school or during holiday periods for children suffering from asthma.
- We were told that if the parents of children attending vaccination clinics had needle phobias, specific time slots were booked to reduce anxiety for parents.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.

- The practice had received feedback that the notice boards in reception were too high for some patients to see the information. The practice responded by lowering the boards to a better level.

### Access to the service

The practice is open from between 8am and 1pm and from 2pm to 6.30pm, Monday to Friday. Patients could contact the surgery between 1pm and 2pm on a separate number for medical advice, this information was available in the waiting are and on the practice website. Appointments were available between 8am and 1pm and between 2pm and 6.30pm Monday to Friday. 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. During the inspection we checked the availability of appointments and noted these could be booked on the day for both GPs and nurses.

Results from the national GP patient survey published in January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 92% of patients said they could get through easily to the practice by phone better than 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.

Home visit requests were logged onto the system and the GP telephoned the patient to triage the request and assess if the visit was clinically necessary and the urgency of the need for medical attention. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits. The practice had a system for allocating home visits to ensure that they were appropriately allocated. The practice reported that requests were usually one or two per day.

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.

### Listening and learning from concerns and complaints

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

The practice had an effective and robust 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. There was information in the waiting area and complaints forms were available. The practice also had details on the website.

We looked at 14 complaints received in the last 12 months and found that both verbal and written complaints were well documented, were satisfactorily handled, and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken as a result to improve the quality of care. For example, a patient had been prescribed a medicine that had provoked an allergic reaction. The clinical system used by the practice did not alert the GP to this so the practice created a protocol so that each time an allergy code was used that it was linked to medicines that may cause a reaction.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was although was not displayed the staff we spoke to had read it and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured 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 and other clinical staff were approachable and always took the time to listen to all members of staff. All staff at the practice commented on the support given by the practice manager.

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, 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 minutes of these meeting were accessible on the practice computer system.
- We observed good interaction between all staff including reception staff speaking directly to a GP to discuss a specific patient.
- 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 had a virtual group with information on how to join on the practice website. The group had arranged a schedule of meetings for the coming year, had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, feedback

# Are services well-led?

Good 

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

received reported that patients preferred to be called into their appointment by their GP rather than using the electronic screen in the waiting area. The GPs had adopted this method.

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

The practice had recognised existing challenges and potential future threats to its financial security and ability to continue providing services. The practice was part of a federation known as Horizon Health, which it had joined in September 2007. (A federation is the term given to a group of GP practices coming together in collaboration to share costs and resources or as a vehicle to bid for enhanced services contracts). Through collaborative working with other practices in the federation the practice hoped to secure its future.