

# Priory Gardens Surgery

## Quality Report

Priory Gardens, Church Street,  
Dunstable, Bedfordshire, LU6 3SU  
Tel: 01582 699622  
Website: [www.priorygardenssurgery.co.uk](http://www.priorygardenssurgery.co.uk)

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Priory Gardens Surgery on 5 April 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day.

- The practice had reasonable 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.

We saw one area of outstanding practice:

- Patients across the locality were able to utilise the practice's deep vein thrombosis (DVT) service, which provided testing for patients at risk of developing blood clots.

The areas where the provider should make improvement are:

- Ensure that all staff receive regular appraisals.
- Ensure that newly developed systems for monitoring blank prescription pads are maintained and regularly reviewed.
- Develop systems to identify and support more carers in their patient population.

Professor Steve Field (CBE FRCP FFPH FRCGP)

# Summary of findings

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 there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and 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.
- Not all administrative staff had received an appraisal in the last 12 months; however, we saw these were scheduled for completion by the end of May 2016.
- Staff worked with multidisciplinary teams 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, published in January 2016, showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



# Summary of findings

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

## 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. They provided a service for patients at risk of developing blood clots to reduce the need for patients to be referred to secondary care for initial tests.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day via the practice's walk in clinic and duty doctor provision.
- The practice had reasonable 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 compassionate care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



# Summary of findings

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

# Summary of findings

## The six population groups and what we found

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

### Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered memory screening services to the elderly.

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.
- Performance for diabetes related indicators was similar to the CCG and national average. For example the percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding 12 months, was 95% which was comparable to a national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and were invited for a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.

Good



# Summary of findings

- The percentage of patients with asthma, on the register, who had received a review in the period April 2014 to March 2015, was 76% which was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals.
- The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Contraceptive and sexual health advice was provided.

## **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 on line services as well as a full range of health promotion and screening that reflects the needs for this age group.
- Patients were able to book appointments and update details online.

Good



## **People whose circumstances may make them vulnerable**

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- Electronic records alerted staff to patients requiring additional assistance.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



# Summary of findings

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

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

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

- There were 63 patients on the dementia register of which 47 had received face to face reviews in the last 12 months.
- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 98% where the national average was 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

**Good**



# Summary of findings

## What people who use the service say

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. 284 survey forms were distributed and 119 were returned. This represented 1% of the practice's patient list.

- 88% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 78% were able to get an appointment to see or speak to someone the last time they tried (CCG average 86%, national average 78%).
- 89% described the overall experience of their GP surgery as fairly good or very good (CCG average 86%, national average 85%).
- 85% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 78%, national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 17 comment cards of which 16 were positive

about the standard of care received. Patients commented that they received excellent care from the staff at the practice. The remaining comment card described an incident they had raised with the practice but went on to explain how it was rectified.

We spoke with six patients during the inspection. Five patients said they were happy with the care they received and thought staff were approachable, committed and caring. Patients told us they were able to access appointments when they needed them and were given adequate time with GPs and nurses. One patient commented that they were not happy with the prolonged wait to see a doctor when arriving for the walk in clinic.

The practice also sought patient feedback by utilising the NHS Friends and Family test. The NHS Friends and Family test (FFT) is an opportunity for patients to provide feedback on the services that provide their care and treatment. Results from December 2014 to March 2016 showed that 89% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

# Priory Gardens 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 GP specialist advisor and a practice manager specialist advisor.

## Background to Priory Gardens Surgery

The Priory Gardens Surgery provides a range of primary medical services, including minor surgical procedures from purpose built premises on Church Street in Dunstable. The practice serves a population of 9,549 patients, with slightly higher than average populations of males and females aged between 50 to 54 years and babies. There are slightly lower than average populations of males and females aged 35 to 44 years and 70 to 74 years. The practice population is largely white British. National data indicates the area served is one of medium deprivation.

The practice had recently experienced some difficulties with recruitment and retention of staff, with the retirement of long standing members of staff, including the practice manager and several of the GPs. They had struggled to retain new staff and were reduced to two partners from four, whilst simultaneously witnessing the departure of several members of their nursing team. This led to a difficult period of recruitment coupled with staff shortages. However, they advised us that their staffing levels had now stabilised. The clinical team now consists of three male GP partners, three female salaried GPs, two nurse practitioners, two practice nurses and two health care

assistants. The clinical team is supported by a practice manager, an office manager and a team of administrative support staff. The practice holds a General Medical Services (GMS) contract for providing services.

The practice is open between 8am and 6.30pm Monday to Friday. In addition to these times the practice operates extended surgery hours on Saturdays from 8.30am to 12.30pm. Patients requiring a GP outside of normal hours are advised to phone the NHS 111 service.

## Why we carried out this inspection

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

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

## How we carried out this inspection

Before 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 5 April 2016. During our visit we:

# Detailed findings

- Spoke with a range of staff including two GP partners, a nurse practitioner, a practice nurse and the practice manager. We also spoke with patients who used the service.
- Observed how staff interacted with patients.
- Spoke with a member of the patient participation group (PPG). (This was a group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

- Is it well-led?

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice maintained a log of significant events and they were discussed as a standing item on the agenda for weekly clinical meetings.

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. Lessons learnt were shared to make sure action was taken to improve safety in the practice. For example, we saw that a medicines alert was received regarding a type of diabetic testing strip. The practice contacted all patients affected by the alert to ensure they were not at risk. We also saw evidence that a public health report was received regarding changes to the meningitis C vaccination. This was distributed to all staff and protocols were updated to ensure the most recent guidance was being followed.

When there were unintended or unexpected safety incidents, patients received reasonable support, an explanation of events, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example we saw that when a patient had received a vaccination in error the incident was discussed immediately and staff sought advice from appropriate resources to ensure the patient was not at risk. The patient was then contacted and informed openly of the error that had occurred before being offered further support and advice. Processes were updated to avoid the risk of recurrence.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns

about a patient's welfare. There were lead members 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. GPs were trained to an appropriate level to manage safeguarding concerns.

- 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 check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The nurse practitioner was the recently appointed 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 training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, following an audit the practice had decluttered clinical areas with improved arrangements to ensure the safety of sharps (needles) disposal.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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 medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a newly implemented system in place to monitor their use. Blank prescription forms for use in printers were also monitored appropriately. Two of the nurses had qualified as Independent Prescribers and could therefore prescribe medicines for specific clinical conditions, within their clinical competencies. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to

## Are services safe?

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.

- We reviewed three 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.
- 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.

### 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 two posters in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control. The practice building was managed by NHS property services and we saw evidence that they conducted

additional risk assessments to monitor safety in the building. For example legionella risk assessments (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff told us they worked flexibly to provide additional cover during holidays and periods of sickness if needed.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All of the medicines we checked were in date.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included provisions for continuing services if the premises were unusable and contact lists for staff.

# 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 through regular meetings and discussions. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.

Staff demonstrated how they carried out comprehensive assessments which covered all health needs and were in line with these national and local guidelines. They were able to explain how care was planned and how patients identified as having enhanced needs, such as those with diabetes, who were reviewed at regularly required intervals. We saw that following changes to best practice guidance the practice had adapted their systems for managing patients with diabetes to improve flexibility and outcomes for patients.

### 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 92% of the total number of points available, with 6% 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 not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed;

- Performance for diabetes related indicators was similar to the national average. For example the percentage of patients with diabetes, on the register, who had received an influenza immunisation in the preceding 12 months, was 95% which was comparable to a national average of 94%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was better than the national averages of 84%.

- Performance for mental health related indicators was better than the national average. For example, the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 98% where the national average was 88%.

We saw that audits of clinical practice were undertaken. Examples of audits included a review of asthma patients to monitor their use of specific medicines to ensure they were not being over prescribed. The practice also identified patients who were at risk of over using their prescribed medicines. These patients were reviewed by the respiratory nurse to optimize their treatment. Another audit aimed to improve care for diabetic patients using a particular type of insulin. Each patient was reviewed and reassessed and as a result 90% were changed to an alternative type of insulin. The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance. They informed us that as their clinical team had now stabilised they intended to conduct more audits and develop their systems for monitoring and improving outcomes.

### 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. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. It also covered employee welfare and ensured that staff were clear on pay and holiday arrangements. Staff told us they received a comprehensive induction which including shadowing opportunities to ensure they felt prepared for and well supported in their roles.
- 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. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

# Are services effective?

(for example, treatment is effective)

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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. In light of the staffing pressures the practice had faced not all non-clinical staff had received an appraisal within the last 12 months but we saw they were scheduled for completion by the end of May 2016. All clinical staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training. Protected learning sessions were held once a month. Staff informed us they were well supported with training and were regularly encouraged to develop their skills and knowledge.

## 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 computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs along with assessment and planning of ongoing care and treatment. This included when patients moved between services, including when they were referred or after they were discharged from hospital. The practice held a register of patients at risk of unplanned hospital admission or readmission and we saw that patients on this register were discussed at weekly multi-disciplinary team (MDT) clinical meetings when needed. At the time of our inspection there were 219 patients on this register. We saw evidence that MDT meetings were attended by local district nurses and that care plans were routinely reviewed and updated.

The practice held MDT meetings that made use of the gold standards framework (for palliative care) to discuss all

patients on the palliative care register and to update their records accordingly to formalise care agreements. They liaised with district nurses, MacMillan nurses and local support services. A list of the practice palliative care patients was also shared with the out of hours service to ensure patients' needs were recognised. At the time of our inspection 31 patients were receiving this care.

## Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

## Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant services.
- Health care assistants provided smoking cessation advice to patients with the option to refer patients to local support groups if preferred. The practice hosted an external smoking cessation service on one Saturday of each month.

The practice's uptake for the cervical screening programme was 77%, which was comparable to the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and by ensuring a female sample taker was available. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

# Are services effective?

(for example, treatment is effective)

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 91% to 98% and five year olds from 90% to 97%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for people aged 40–74 years. At the time of our inspection, for the period April 2015 to March 2016 the practice had completed 176 of 843 (21%) eligible health checks for the 40-74 age group. 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.

Sixteen of the 17 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. One comment card described an incident that had been raised with the practice and went on to describe how it had been rectified.

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 performing largely in line with other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP gave them enough time (CCG average 86%, national average 87%).
- 93% said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 85% said the last GP they spoke to was good at treating them with care and concern (national average 85%).
- 90% said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 92% said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

The practice scored slightly below average for GP listening with 81% saying the GP was good at listening to them compared to the CCG average of 87% and national average of 89%. Staff informed us that they had discussed this slightly lower percentage and had accounted it to the period of instability they had experienced with staffing and the number of locum staff they had employed over that period. They told us that as their clinical staffing was now stable they expected this figure to increase in the next national GP patient survey. Patients we spoke with said they felt GPs listened to them and gave them adequate time during consultations.

### 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 on 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 slightly below local and national averages. For example:

- 82% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 70% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 82%).
- 82% said the last nurse they saw was good at involving them in decisions about their care (CCG average 86%, national average 85%).

The practice was aware of these lower results and attributed them to problems they had incurred with staff. Staff told us they felt these issues had now been addressed and they expected an improvement in results in the next national GP patient survey.

Staff told us that translation services were available for patients who did not have English as a first language. Patient information leaflets were also available in different languages.

## Are services caring?

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

Notices in the patient waiting room told patients how to access a number of support groups and organisations. For example, smoking cessation, bereavement and mental health support services. A television screen was used by the practice to provide information on practice services such as supporting patients to live healthier lives and the walk in clinic for same day urgent appointments.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 0.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. Staff told us they were aware that this figure was a

low representation and due to the pressures the practice had faced in recent years they had not been as proactive in encouraging carers to identify themselves. We were told of plans to encourage carers to make them known to the practice through more signposting in the waiting room and speaking directly to patients and their carers to ensure records were updated and carers were aware of support avenues available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example, the practice offered a deep vein thrombosis (DVT) screening service for patients across the locality, who were at risk of developing a blood clot, including those not registered at the practice. This service was designed to reduce pressures on secondary care and we saw evidence that since April 2015 the practice had offered this service to 90 patients, of which 36 were referred on to secondary care for screening, following initial testing at the surgery. Similarly the practice offered a minor injuries walk in service for patients across the locality to reduce pressures on accident and emergency departments. This enabled patients with specific minor injuries to go to the practice and be seen within two hours, rather than attending their local accident and emergency department.

We saw that patients with diabetes received an annual health review at the practice, with interim checks for patients that needed them. There were registers for patients with dementia and those with a learning disability. These patients were also invited for annual review. At the time of our inspection there were 29 patients on the learning disability register of which six had received an annual review. There were 63 patients on the dementia register, of which 47 had received annual face to face reviews.

- There were longer appointments available for patients with a learning disability and those that required them.
- Home visits were available for older patients and patients who would benefit from these.
- The practice operated a walk in service for patients requiring urgent care. This service operated every morning with additional sessions in the afternoon on Mondays and Fridays.
- A duty doctor was able to see patients requiring urgent care on Tuesdays, Wednesdays and Thursdays afternoons.
- Patients were able to receive travel vaccinations available on the NHS; for those only available privately patients were referred to other clinics.

- There were adequate disabled facilities and translation services available.
- There was a facility for patients to make online appointments and repeat prescription requests.
- A monthly sexual health clinic was held at the practice.
- The practice ran an anticoagulant clinic for patients to monitor their treatment. (Anticoagulants are medicines used to prevent blood from clotting).

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. In addition to these times the practice operated extended hours on Saturdays from 8.30am to 12.30pm. Patients requiring a GP outside of normal hours were advised to phone the NHS 111 service. 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. On the day of our inspection we saw that urgent appointments were available the next day. The next routine pre-bookable appointment was available the following Monday. Nurse clinics were also run daily by nurse practitioners and practice nurses. On the day of our inspection the next available nurse's appointment was the following day. We found the appointment system was well structured to allow GPs time to make home visits where needed and ensure that all urgent cases were seen the same day.

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

- 86% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 78%.
- 88% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).
- 34% patients said they always or almost always see or speak to the GP they prefer (national average 36%).

People told us on the day of the inspection that they were 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.

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- 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 on the practice website and in reception.

We looked at 52 complaints received in the last 12 months and found they had been dealt with in a timely manner, with openness and transparency. The practice offered

apologies when necessary. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, we saw that the practice received a complaint from a patient who was unhappy with the advice given by one of the GPs. The practice was quick to acknowledge the complaint and gather more information from the patient, before discussing it in a practice meeting. The patient then received a comprehensive response from the practice apologising where necessary and providing additional information where required.

# 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 safe and compassionate care and to promote good outcomes for patients. Staff we spoke with understood these aims and demonstrated their commitment to achieve them.

The practice had a business plan which reflected the vision and values and was regularly monitored. We saw evidence of forward thinking and succession planning as the practice shared their proposals to bid for funding to enable them to move to more appropriate premises.

### Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. Staff at the practice were clear on the governance structure. They understood that the GP partners were the overall decision makers strongly supported by the practice manager. Clinical staff met to review complex patient needs, review significant events, discuss new protocols and keep up to date with best practice. We saw evidence of regular meetings for reception and administrative staff, where discussion and learning occurred.

There was a leadership structure in place and clear lines of accountability visually displayed in the practice's organisational chart, which we saw was available to all staff. We spoke with clinical and non-clinical members of staff who demonstrated a clear understanding of their roles and responsibilities.

The practice had a number of policies and procedures in place to govern activity, which were available to all staff electronically. There was a comprehensive understanding of the performance of the practice. The practice used the Quality and Outcomes Framework (QOF) and other performance indicators to measure their performance. Data for this practice showed it was performing in line with other practices locally and nationally.

The practice had a system in place for identifying, recording and managing risks. We looked at examples of significant incident reporting and actions taken as a consequence. Staff were able to describe how changes had been made to the practice as a result of reviewing significant events.

### Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, an explanation of events and a verbal and written apology.
- They 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.
- 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 in doing so and felt supported if they did. We noted team away days were held every three months.
- Staff said they felt respected, valued and supported. 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. There was an active PPG which met regularly and submitted

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proposals for improvements to the practice management team. For example, we were told of improvements they had suggested to the practice administrative systems.

- The practice had gathered feedback from staff through away days, staff meetings and appraisals, although improvements were being made to improve the timeliness of appraisals for all staff. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. We were shown evidence of an example when staff had raised concerns about a member of the practice team and saw that these were dealt with appropriately and in a timely manner. Staff told us they felt involved and engaged to improve how the practice was run.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local schemes to improve outcomes for patients in the area. For example, the practice ran a minor injuries service for patients across the locality to reduce pressures on local accident and emergency departments. Patients across the locality were also able to utilise the practice's deep vein thrombosis (DVT) service, which provided testing for patients at risk of developing blood clots.

We saw evidence that the practice gave consideration to future planning, with evidence of business planning and proposals to develop new premises, to counter the challenges they faced along with other practices in the locality.