

# Salisbury House Surgery

## Quality Report

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

### Ratings

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

# Summary of findings

## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	9

### Detailed findings from this inspection

Our inspection team	10
Background to Salisbury House Surgery	10
Why we carried out this inspection	10
How we carried out this inspection	10
Detailed findings	12

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Salisbury House Surgery on 23 February 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 mitigating actions were implemented, however not all records were filed centrally.
- 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 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:

- Ensure that all records for significant events are centrally held to ensure accessibility when required.
- Ensure that all staff receive timely renewal of basic life support training.
- Formalise checks on water temperatures ensuring they are documented and available for viewing.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events. Although records were not all stored together as some staff kept records separately to the core file held by the practice manager.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks associated with non clinical staff carrying out chaperoning duties had been assessed and mitigated.
- Risks to patients were assessed although not all records of checks on water temperatures were available for review on the day of inspection.
- There were emergency medicines available and whilst we saw that all staff were scheduled to receive regular basic life support training, two clinical members of staff had not received training for over 18 months. We saw that training for these staff was scheduled to be completed in April 2016.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were similar to those of others in 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.
- There was evidence of appraisals and support for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs, for example for patients requiring end of life care.

# Summary of findings

## Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey published on 7 January 2016 showed patients rated the practice similar to 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.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained confidentiality.

Good



## 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. For example, providing an enhanced service for patients at risk of unplanned hospital admission or readmission.
- Patients said they found it easy to make an appointment, with urgent appointments available the same day. Some patients commented on difficulty in booking appointments with their preferred GP. However, upon investigation it became apparent that the longest standing GP had taken part retirement and reduced his availability. His clinical sessions had been replaced by other GPs and staff informed us they expected patient satisfaction to increase as patients became more familiar with new GPs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision to deliver high quality care and promote good outcomes for patients in a traditional family practice setting. Staff were clear about the vision and their responsibilities in relation to this.

Good



# Summary of findings

- 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.
- The practice was led by the team of partners who had an open, collaborative and informal management style and supported the delivery of the practice 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
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a 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 had introduced advanced care plans for patients in a local care home to ensure that their preferences for treatment were considered and recorded with a focus on maintaining dignity and ensuring that patients and their carers were involved in treatment planning.

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 generally better than the CCG and national average. 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 98% where the CCG average was 90% and the national average was 88%.
- Longer appointments and home visits were available when needed.
- All patients with a long term condition had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



### Families, children and young people

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

Good



# Summary of findings

- 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.
- The percentage of patients with asthma who had received an asthma review in the preceding 12 months was 73% which was comparable to the national average of 75%.
- The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and 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, health visitors and school nurses.

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours ensured that appointments were available early in the morning, in the evenings and on Saturdays.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



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

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

- The practice held a register of patients living in vulnerable circumstances including those with caring responsibility and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and/or complex needs.
- 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).

- 77% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average.
- Performance for mental health related indicators was generally better than the CCG and national averages. For example the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 93% where the CCG average was 87% and 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 offered enhanced services for patients with dementia, facilitating timely diagnosis.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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 similar to local and national averages. 268 survey forms were distributed and 128 were returned. This represented 1% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 77% and a national average of 73%.
- 84% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86%, and national average of 85%.
- 66% described the overall experience of their GP surgery as fairly good or very good compared to the CCG average 75%, and national average of 73%.
- 73% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to the CCG average 78%, and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards of which 37 were positive about the standard of care received. Patients commented on the caring and friendly nature of staff and said they felt respected and were provided with good standards of care. Negative comments surrounded appointment bookings and difficulties seeing a preferred GP at times.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed and caring. 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 January 2016 showed that 95% of patients who had responded were either 'extremely likely' or 'likely' to recommend the practice.

# Salisbury House 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 nurse specialist advisor.

## Background to Salisbury House Surgery

Salisbury House Surgery provides a range of primary medical services from its location at Lake Street in the market town of Leighton Buzzard. The practice is located in purpose built premises adjoining a pharmacy. The practice is arranged over three floors, with consulting rooms on the ground level and first floor. There is provision of a lift for patients to all levels of the building. The practice serves a population of approximately 10,938 patients, with slightly higher than average populations of males and females aged between 50 to 54 years and slightly lower than average populations of males and females aged 15 to 29 years. The practice population is largely white British. National data indicates the area served is less deprived in comparison to England as a whole.

The clinical team consists of three male GP partners, a female GP partner, a female salaried GP, a lead nurse, a nurse practitioner, a trainee nurse practitioner, three practice nurses and two healthcare assistants. The team is supported by a practice manager and a team of administrative support staff. The practice also employs a female physician's assistant; this individual is specially trained and certified to provide basic medical services, including the diagnosis of some ailments, but is not able to independently prescribe medicines.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 5.50pm with GPs and nurses. In addition to these times the practice operates extended hours on three Thursdays each month from 6.30pm to 8pm, every Friday from 7am to 8am and on the third Saturday of every month from 8.30am to 12.30pm. Patients requiring a GP outside of normal hours are advised to phone Care UK or the NHS 111 service.

The registration of Salisbury House Surgery was not accurate at the time of inspection; we had not been notified of changes made to the partners at the practice, as required under the CQC (Registration) Regulations 2009. The practice has now taken steps to complete the necessary application to ensure their registration with us is accurate.

## 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.

# Detailed findings

## 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 23 February 2016. During our inspection we:

- Spoke with a range of staff including two GP partners, the lead nurse, a practice nurse, a healthcare assistant, the practice manager and members of the administrative team. We also spoke with patients who used the service.
- Observed how staff interacted with 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

### 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 discussed significant events as they occurred if needed or as a standing item on the agenda for monthly clinical governance meetings between the practice manager and clinical staff.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw that when a vaccine was incorrectly administered the practice sought appropriate advice, reviewed systems and reinforced procedures with staff to ensure they understood the correct protocols.

When reviewing minutes of meetings we did note that there were significant events discussed which did not have corresponding record forms available. We were told by staff that although the practice manager was responsible for the significant event file, GPs and other staff often kept hold of record forms and raised the events at the meetings individually.

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 been prescribed the incorrect medicine the practice took immediate action to rectify the error whilst ensuring that the patient received an apology and an explanation. The practice then discussed this incident and identified any changes that could be made to ensure the risk of recurrence was reduced, which included seeking advice from an appropriately qualified professional.

### 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 and all had received training relevant to their role. 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 all clinical staff 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). We were informed that non clinical staff were never left alone with patients and the practice policy for DBS checks reflected this. We saw that a risk assessment had been conducted for non clinical staff performing chaperoning in the absence of a DBS check.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy. The lead nurse was the infection control clinical lead who liaised with the local infection prevention team to keep up to date with best practice. There was an infection control protocol in place and whilst staff had not received formal up to date training they were aware their responsibilities and appropriate measures to undertake, for example when handling samples. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, we saw that an audit in February 2016 identified that chairs had been replaced as per the recommendation in the preceding audit.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). 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

## Are services safe?

safe prescribing. Blank prescription forms for use in printers were handled in accordance with national guidance as they were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants (HCAs) were able to administer vaccinations. Records showed that the staff had been assessed as competent for this role.

- We reviewed seven 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 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 a poster in the stairwell of the second floor staff area 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. We did note that the practice did not have up to date gas and electrical safety certificates for the building. The practice was aware of this and in the process of arranging appropriate engineers to carry out the work. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We noted that the legionella risk assessment conducted in August 2013 had identified eight high risk and three medium risk areas of concern. We saw evidence that the practice had ensured

remedial works were conducted to remove the risks identified in April 2014. However, the risk assessment had also advised that the practice needed to conduct checks on their water and record that these checks were being done. We saw evidence that monthly checks were being conducted and recorded as recommended. Whilst we saw that measures were in place for weekly checks these were not formally documented.

- 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 and staff informed us of willingness across the practice team to work flexibly to cover any unexpected absence.

### Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- There were emergency medicines available in the treatment room and whilst we saw that all staff were scheduled to receive regular basic life support training, two clinical members of staff had not received training for over 18 months. One member of staff was new to the practice and had missed the scheduled training; the other had been unwell on the day. We saw that training for these staff was scheduled to be completed in April 2016.
- 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.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and provision had been made with other local practices for use of their premises should the practice building become unusable for any extended period of time.

# 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records. Staff were able to explain how care was planned and how patients identified as having enhanced needs, such as those with diabetes, were reviewed at regularly required intervals.

### 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 for the year 2014/2015 were 91% of the total number of points available, with 8% 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 generally better than the CCG and national average. 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 98% where the CCG average was 90% and the national average was 88%.
- The percentage of patients with hypertension having regular blood pressure tests was 83% which was similar to the CCG average of 81% and national average of 84%.
- Performance for mental health related indicators was generally better than the CCG and national averages. For

example the percentage of patients with diagnosed psychoses who had a comprehensive agreed care plan was 93% where the CCG average was 87% and the national average was 88%.

We saw that audits of clinical practice were undertaken. Examples of audits included an audit of medicines prescribed to patients with mental health conditions. This audit was repeated every six months and we saw evidence that patient outcomes were improved as the number of patients taking a medicine with potential high risk side effects was reduced from 35 patients to two. Another audit on patients with a specific health condition highlighted errors in the practice's administration which they rectified to ensure they could monitor these patients appropriately. The GPs told us that clinical audits were linked to medicines management information, clinical interest, safety alerts or as a result of QOF performance.

### 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, fire safety, health and safety and confidentiality. Protected learning sessions were held every six weeks during which the practice provided in house training, held staff meetings or enabled staff to attend external training courses. The practice invited external trainers in where appropriate.
- 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 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



# Are services effective?

## (for example, treatment is effective)

facilitation and support for revalidating GPs. All staff had received an appraisal within the last 18 months and the practice manager informed us they would be taking place annually in the future.

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

### Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system. This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Unplanned hospital admissions were received by a member of the administrative team who raised them as tasks for GPs for follow up, review and discussion at multi-disciplinary team (MDT) meetings as necessary. The practice held a register of patients at risk of unplanned hospital admission or readmission and we saw that this register was discussed at monthly MDT meetings. We saw evidence that care plans were routinely reviewed and updated. At the time of our inspection 1421 patients (13% of the practice's population) were receiving such 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.
- At the time of our inspection the practice staff were not undertaking minor surgical procedures on patients, but had done previously and we saw that consent forms were used and scanned into the patient's medical records.

### Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and drug misuse. Patients were then signposted to the relevant service.
- A physiotherapist was available on site and patients could self-refer to physiotherapy for muscle and joint problems without the need to see a GP.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 76% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 99% and five year olds from 92% to 97%.

Flu vaccination rates for the over 65s were 70%, and at risk groups 45%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40 to 74 years. At the time of our inspection, since starting in 2010 the practice had completed 1508 of 3425 eligible health checks for the 40 to 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.

37 of the 45 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

Results from the national GP patient survey published on 7 January 2016 showed patients felt they were treated with compassion, dignity and respect. The practice achieved similar results to other practices locally and nationally for its satisfaction scores on consultations with GPs and nurses. For example:

- 81% said the GP was good at listening to them compared to the CCG average of 87% and national average of 89%.
- 81% said the GP gave them enough time compared to the CCG average of 86%, and national average of 87%.
- 92% said they had confidence and trust in the last GP they saw compared to the CCG average 94%, and national average of 95%.
- 73% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83%, and national average of 85%.

- 95% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average 92%, and national average of 91%.
- 80% said they found the receptionists at the practice helpful compared to the CCG average 88%, and national average of 87%.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback 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 similar to local and national averages. For example:

- 79% 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%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79%, and national average of 82%.
- 87% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86%, and national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. A hearing loop was not available but we were told of plans to purchase a hearing loop in April 2016. In the interim staff took patients requiring assistance into a quiet area to ensure they were able to hear what was being said and would write down information for patients if needed.

### 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 and carers support. A practice newsletter was published in collaboration with the PPG which provided useful information about services available to patients and we were told of plans to increase its publishing frequency.



## Are services caring?

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 2% of the practice list as carers and had taken steps to support them. For example by providing home visits for carers who could not leave their dependents unaided. There was a carers corner in the first floor waiting room where 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, their usual GP contacted them support. 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. One of the GP partners was also the chairperson of the CCG locality board enabling the practice to remain informed and involved in local healthcare developments and needs. For example, the practice offered a range of enhanced services including avoiding unplanned admissions to hospital. The practice held multi-disciplinary meetings to discuss the needs of palliative care patients, patients with complex needs and patients who were at risk of unplanned hospital admissions.

There was a register for patients with dementia and we saw that 77% of these patients had received an annual review in the 12 months prior to our inspection. We saw that patients with diabetes received annual reviews with interim six monthly checks for those who required them. The practice provided services for two local care homes and had recently initiated a GP led service to provide these patients with advanced care plans. This service aimed to ensure that patients were informed and involved in decisions about their care and gave them the opportunity to accept or refuse treatment for various conditions. The care plans also enabled patients requiring end of life care to choose their preferred place of death.

- The practice offered appointments on three Thursdays of every month from 6.30pm to 8pm, on Fridays from 7am to 8am and on the third Saturday of every month from 8.30am to 12.30pm, for patients unable to attend during normal opening hours.
- There were longer appointments available for patients who needed them, such as those with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as some only available privately.

- There were breast feeding facilities as well as some facilities for people with disabilities, with a lift enabling patients to access all levels of the practice.
- The practice had a patient participation group (PPG) who met six weekly with the practice staff to discuss any concerns and developments at the practice and make suggestions for improvements. We spoke to a representative of the PPG who told us that they had been involved in carrying out surveys and instigating changes. For example, following patient feedback the practice changed the time it opened its doors to patients to 8am rather than 8.30am as it had done previously, to ensure patients didn't lose appointment time and were not waiting outside the practice for prolonged periods.

### Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. Appointments were available from 8.30am to 5.50pm with GPs and nurses. In addition to these times the practice operated extended hours on three Thursdays each month from 6.30pm to 8pm, every Friday from 7am to 8am and on the third Saturday of every month from 8.30am to 12.30pm. 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. The practice offered a sit and wait clinic every day for patients requiring urgent appointments, led by a duty doctor, supported by a physician's assistant and a nurse practitioner. On the day of our inspection we saw that urgent appointments were available that same day. The next routine pre-bookable appointment was available in three days. Nurse's clinics were also run daily by practice nurses and there were designated telephone consultations with GPs for patients unable to attend the surgery. We found the appointment system was structured to allow GPs time to make home visits where needed and ensure that all urgent cases were seen the same day.

Information about appointments was available to patients on the practice website, including the option to book appointments online. There were arrangements in place to ensure patients received urgent medical assistance when the practice was closed. Information on the out of hours service was available on the practice website and answerphone and was provided by Care UK which could be accessed via the NHS 111 service.

# Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey published on 7 January 2016 showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages.

- 70% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 62% patients said they could get through easily to the surgery by phone (CCG average 77%, national average 73%).

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

However, only 35% patients said they always or almost always see or speak to the GP they prefer (CCG average 60%, national average 59%). Staff informed us that this low percentage was due to the part retirement of the longest standing GP at the practice. Due to the longevity of the GPs position at the practice many patients were more familiar with him and had a preference to see him where possible. The practice had also struggled to recruit and retain GPs in the past which had led to patients seeing different GPs over a period. Staff told us that the practice had now stabilised its clinical team and that despite the reduced hours of a favourable GP they expected patient satisfaction to increase again as patients become more familiar with the new staff.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the new patient registration pack, on the website and on noticeboards in the three patient waiting areas.

We looked at 15 complaints received in the last 12 months and saw that the practice handled them objectively and in a timely manner. 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 following receipt of a complaint from a patient's relative about their treatment, the practice discussed the complaint at clinical governance and partners meetings. A thorough investigation was conducted to explore the concerns raised, which included referring to best practice guidance, before providing a detailed response to the complaint. Any changes to practice procedures following investigations were shared with all relevant staff to reduce the risk of recurrence.

# 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 in a traditional family practice setting. The practice had four core values of openness, fairness, respect and accountability. There was a comprehensive business plan which reflected the vision and values and identified areas the practice hoped to develop whilst recognising the challenges it faced.

### Governance arrangements

The practice was led by the team of partners who had an open, collaborative and informal management style and supported the delivery of the practice strategy and good quality care. Supported by the practice manager they 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 via the practice's intranet which could be accessed by staff at home if needed.
- A comprehensive understanding of the performance of the practice was maintained using QOF and other performance indicators.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying and managing risks and implementing mitigating actions. However some records, for example for water temperature checks, were not available.

All staff we spoke with had a comprehensive understanding of the governance arrangements and performance of the practice.

### 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.
- 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. Patients could leave comments and suggestions about the service via the website. The PPG had gone through a period of low representation but efforts to recruit new members had been successful and the group was now representative of the practice population. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they had suggested that the practice enable patients to access test results via online services.

# Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and informal discussions. 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 were committed to the practice and its patients.

## **Continuous improvement**

There was a focus on continuous learning and improvement at all levels within the practice. We saw that staff members were encouraged to develop their skills and

that staff members had been supported to progress their careers. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had introduced advanced care plans for patients in a local care home to ensure that their preferences for treatment were considered and recorded with a focus on maintaining dignity and ensuring that patients and their carers were involved in treatment planning. This further supported the strong patient centred culture the practice aimed to promote.