

# Dr Burscough and Partners

## Quality Report

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

### Ratings

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

# Summary of findings

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Burscough & Partners on 12 November 2015. 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 although not always with their choice of GP. There were 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, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had proactively sought feedback from patients and had an active patient participation group.
  - Patients' confidentiality was respected however conversations at the reception desk could be overheard.

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

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events Lessons were shared to make sure action was taken to improve safety in the practice.
- The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There are robust recruitment and selection processes for all staff which follow best practice

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were at or above average for the locality.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of people's needs. Registers of people with Learning Disabilities (LD) were validated by Community LD Nurses to ensure patients had continuity of care into adulthood.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data showed that patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

We saw that staff treated patients with kindness and respect, however discussions at the reception desk could be overheard by others in the waiting area.

Good



# Summary of findings

## Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice 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, the practice had a dermatology clinic run by a GP partner and this had reduced referrals to secondary care outpatient services.
- 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 that the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- Patients said they found it easy to make an appointment although not always with their choice of GP. There were urgent appointments available the same day.
- Patients could access appointments and services in a way and at a time that suited them. Repeat prescriptions could be ordered and appointments booked online. Telephone appointments were available and there was extended opening hours on Tuesday and Thursday.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. A new appointment system was being trialled following feedback from patients and the Patient Participation Group.

Good



## Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to 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.
- The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.

Good



# Summary of findings

- There was a strong focus on continuous learning and improvement at all levels and a Research Nurse had been appointed.

# 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.
- It was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were available for older people when needed, and this was acknowledged positively in feedback from patients.

Good



### People with long term conditions

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

- All patients with complex needs had a named GP and a structured annual review to check that their health and medicines needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Longer appointments and home visits were available when needed.
- The practice maintained a register of all patients aged 17 or over with diabetes mellitus, which specified the type of diabetes where a diagnosis had been confirmed. The practice also used the information they collected for the Quality and Outcomes Framework (QOF) and their performance against national screening programmes to monitor outcomes for patients.

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.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw good examples of joint working with midwives, health visitors and school nurses

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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected 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 a learning disability.
- The practice offered longer appointments for people with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice had told vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



# Summary of findings

## 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).

- 71.4% of people diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months compared to the CCG average 74.5%, national average 77.0%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advanced care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- It 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 people with mental health needs and dementia.

Good



# Summary of findings

## What people who use the service say

The national GP patient survey results published on 2 July 2015 show the practice was performing above the local CCG and national averages in most areas, 260 survey forms were distributed and 116 were returned.

- 77% found it easy to get through to this surgery by phone compared to the CCG average of 68% and a national average of 73%.
- 92% found the receptionists at this surgery helpful compared to the CCG average 85%, national average 87%.
- 59% were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average 51%, national average 60%.
- 95% said the last appointment they got was convenient compared to the CCG average 93%, national average 92%.
- 82% described their experience of making an appointment as good compared to the CCG average 70%, national average 73%.

- 73% usually waited 15 minutes or less after their appointment time to be seen compared to the CCG average 63%, national average 65%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 19 comment cards which were positive about the standard of care received, however four comment cards raised issues around difficulty getting appointments.

We spoke with eight patients during the inspection. All eight patients said that they were happy with the care they received and thought that staff were approachable, committed and caring.

A patient commented that there were no children's' toys in the waiting area. The practice advised that these had been removed following a risk assessment however the practice planned to introduce washable toys shortly.

# Dr Burscough and Partners

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

a CQC Lead Inspector. The team included a GP specialist advisor, a second CQC inspector, a practice manager specialist advisor and a CQC pharmacist specialist.

## Background to Dr Burscough and Partners

Dr Burscough & Partners occupy purpose built GP premises in Brigg, North Lincolnshire. They have a General Medical Services (GMS) contract and also offer enhanced services, for example; extended hours, childhood vaccination and immunisation scheme, influenza and pneumococcal immunisations, facilitating timely diagnosis and support for people with dementia, learning disabilities, minor surgery, remote care monitoring and patient participation. They are a dispensing practice and the practice has a branch surgery at Broughton. The branch surgery was not visited during the inspection.

There are 12210 patients on the practice list and the majority of patients are of white british background. The proportion of the practice population in the 65 years and over age group is higher than the England average. The practice population in the under 18 age group is similar to the England average. The practice scored eight on the deprivation measurement scale, which is the third lowest decile. People living in more deprived areas tend to have greater need for health services. The overall practice deprivation score is similar to the England average (the practice is 15.1 and the England average is 23.6).

The practice has two female and four male doctors and is a partnership with four partners. There are two salaried GPs and two registrars. There are two nurse practitioners, seven practice nurses, two health care assistants and one phlebotomist. There is a business manager, thirteen receptionists and seven administration staff.

The practice is open between 8am and 6.30pm Mondays to Fridays and has extended hours from 6.30pm to 8pm on Tuesdays and Thursdays. Patients requiring a GP outside of normal working hours are advised to contact NHS 111.

## 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 visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 November 2015.

During our visit we:

# Detailed findings

- Spoke with a range of staff including GPs, the practice manager, nurses, health care assistants, receptionists and administration staff and we spoke with patients who used the service.
- Observed how people were being cared for and talked with carers and/or family members
- 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 are provided for specific groups of people and what good care looks 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 also a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, national 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. Following a safety alert concerning the risks of taking a certain combination of drugs, 47 patients were reviewed. After six months, 43% of these patients had been reviewed and their medication changed.

When there are unintended or unexpected safety incidents, people received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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 was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- A notice in the waiting room advised patients that nurses would act as chaperones, if required. All staff who acted as chaperones were trained for the role and had received a disclosure and barring 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 clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection control teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- Arrangements for managing medicines were checked at the practice. Medicines were dispensed at both the main surgery and the branch surgery for patients who did not live near a pharmacy and this was appropriately managed. Staff showed us the standard operating procedures for managing medicines (these are written instructions about how to safely dispense medicines). Dispensing staff at the practice told us that prescriptions were signed before being dispensed and there was a robust process in place to ensure that this occurred.
- The practice had outsourced their dispensing to a pharmacy contractor and there was a named GP who had good oversight of dispensing processes and patient safety incidents, and who monitored the quality of the service provided. A pharmacist was on duty during opening hours. The practice had also signed up to the Dispensing Services Quality Scheme, which rewards practices for providing high quality services to patients of their dispensary. We saw records of medicines reviews being provided for patients in a structured way utilising a protocol on the clinical computer system.
- We saw records showing all members of staff involved in the dispensing process had received appropriate training; two staff members were accredited accuracy checking technicians.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was

## Are services safe?

restricted. Balance checks of controlled drugs had been carried out regularly and there were appropriate arrangements for the destruction of expired controlled drugs.

- Processes were in place to check medicines were within their expiry date and stock was well managed. Expired and unwanted medicines were disposed of in line with waste regulations. Staff told us about procedures for monitoring prescriptions that had not been collected.
- We saw comprehensive records of medication errors and significant events which were reviewed weekly by pharmacy staff, and then at a monthly meeting between the partners and the pharmacist. There was a robust procedure in place to ensure that patient safety alerts had been actioned in a timely way.
- We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely with access restricted to authorised staff. There were adequate stocks of emergency medicines and oxygen and a procedure was in place to manage stocks effectively.
- The ordering and storage of vaccines was well managed, and a cold chain policy was in place. Vaccines were administered by nurses and healthcare assistants using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms were handled in accordance with national guidance and the practice kept them securely. A procedure was in place to track them through the practice
- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations.
- We reviewed three personnel files and found that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office. 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 also had a variety of other risk assessments in place to monitor safety of the premises, such as control of substances hazardous to health, infection control and legionella.
- 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.

### 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.
- The practice had oxygen with adult and children's masks available. The practice did not have a defibrillator, however this was rectified shortly after the inspection.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- 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.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line 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.

### 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).

Results from 2014/2015 showed the practice achieved 93% of the total number of points available. Practices can exclude patients which is known as 'exception reporting', to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Lower exception reporting rates are more positive. The practice exception reporting rate was 9.4% which was below the local CCG and the same as the national average.

- Performance for diabetes related indicators was similar to the CCG and national average; 88.4% compared to CCG Average 89.9% and England average 89.2%
- The percentage of patients with hypertension having regular blood pressure tests was better than the CCG and national average; 100% compared to CCG Average 99.2% and England average 97.8%.
- Performance for mental health related indicators was worse than the CCG and national average; 73.1% compared to CCG Average 91.3% and England average 92.8%.

- The dementia diagnosis rate was better than the CCG and national average; 96.2% compared to CCG Average 94.4% and England average 94.5%.

Clinical audits demonstrated quality improvement.

- There had been four clinical audits completed in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in applicable local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit included a 100% reduction in repeat diclofenac and celecoxib (medicines used to relieve pain) prescriptions in patients with high cardiovascular risk.

### Effective staffing

Staff had the skills, knowledge and experience to deliver effective care and treatment.

- The practice had an induction programme for newly appointed non-clinical members of staff that covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during meetings, peer support, appraisals, facilitation and support for the revalidation of doctors. Staff were having regular appraisals and we saw records showing appraisals had been undertaken in previous years.'
- 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.

### Coordinating patient care and information sharing

# Are services effective?

## (for example, treatment is effective)

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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring people to other services.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a weekly basis and that care plans were routinely reviewed and updated.

### 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.

### Health promotion and prevention

The practice identified patients who may be in need of extra support. These included patients in the last 12 months of their lives and carers. Patients were then signposted to the relevant service.

The practice's uptake for the cervical screening programme was 78.4% which was comparable to the CCG average of 79.1% and the national average of 80.1%.

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 95.3% to 99.2% and five year olds from 90.7% to 98.8%.

Flu vaccination rates for the over 65s were 66.1% and for at risk groups 31.73% were below CCG and national averages. The practice was aware of this and attributed it to a problem with their text alert system for appointments. The practice offered the enhanced service of the shingles vaccine. 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. Appropriate follow-ups on the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

# Are services caring?

## Our findings

### Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs
- Patients' confidentiality was respected however conversations at the reception desk could be overheard.

All of the 19 patient CQC 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 also spoke with five members of the patient participation group. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 88% said the GP gave them enough time (CCG average 86%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 93%, national average 95%)

- 89% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 94% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91%, national average 90%).
- 92% said they found the receptionists at the practice helpful (CCG average 85%, national average 87%)

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

Patients told us that 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 in line with 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%.
- 80% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average 79%, national average 81%.
- 89% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 90%.
- 90% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 85%, national average 85%.

Staff told us that translation services were available for patients who did not have English as a first language.

### 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. The practice had a Carers Champion who was responsible for ensuring the practice's computer system alerted GPs if a

## Are services caring?

patient was a carer and the practice had identified 1.6% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them and carers are encouraged to register with a local carers' support centre that attends the practice monthly.

Staff told us that if families had suffered bereavement, their usual GP contacted them or 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.

- There were longer appointments available for people with a learning disability.
- Home visits were available for older patients and for patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- There were disabled facilities, a hearing loop and translation services available.
- A Clinical Nurse Specialist had attended a local Travellers' site in the past but these patients now attended the practice for immunisations and vaccines.

### Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Extended hours surgeries were offered 6.30pm to 8.00pm on Tuesday and Thursday. Urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above the local and national averages. People told us on the day that they were able to get appointments when they needed them.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and national average of 75%.

- 77% patients said they could get through easily to the surgery by phone (CCG average 68%, national average 73%).
- 82% patients described their experience of making an appointment as good (CCG average 70%, national average 73%).
- 73% patients said they usually waited 15 minutes or less after their appointment time (CCG average 63%, national average 65%).

The practice provided and hosted services for the wider community which reduced the travel to the local general hospital. These services included dermatoscopy, minor surgery, sexual health and echocardiography.

### 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 as a leaflet and on the website.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

### Governance arrangements

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

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

### Leadership, openness and transparency

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 that they were approachable and always took the time to listen to all members of staff.

The partners encouraged a culture of openness and honesty.

When there were unexpected or unintended safety incidents:

- the practice gave affected people reasonable support, truthful information and a verbal and written apology

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us that the practice held regular team meetings.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings, felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, by the partners and practice manager. All staff were involved in discussions about how to run and develop the practice, and were encouraged to identify opportunities to improve the service delivered by the practice.
- The Productive General Practice Programme is a tool for practices to improve the quality of their care and staff been involved at this practice resulting in changes to the appointment system.

### 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.

- It had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met on a regular basis and submitted proposals for improvements to the practice management team. For example, the PPG had expressed concerns about the appointment system and a modified system was being trialled at the time of the inspection.
- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run. For example, the management had placed a whiteboard in the staff area for staff to write comments, concerns and possible solutions and we saw evidence that this was happening.

### Continuous improvement

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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 pilot schemes to improve outcomes for patients in the area. The practice had funded the appointment of a Research Nurse.