

# South Street Surgery

## Quality Report

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Date of inspection visit: 07/09/2016  
Date of publication: This is auto-populated when the report is published

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 South Street Surgery on 7 September 2016. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 21 May 2015. During our inspection we found that the practice had made improvements since our previous inspection and was now meeting regulations that had previously been breached. 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. Improvements were made to the quality of care as a result of complaints and concerns.
- Some patients said it was difficult to book appointments in advance. However, they were positive about access to same day and urgent appointments at the practice.
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- Continue to review systems and processes for the effective management of patients receiving medicines which require monitoring.

# Summary of findings

- Continue to monitor and take steps to make improvements to the National GP Patient Survey results; including access to the practice by telephone.

**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 learnt were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received support and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



### Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average. Staff assessed needs and delivered care in line with current evidence based guidance.
- The practice had GPs with a special interest (GPwSI) in orthopaedics and dermatology which enabled the practice to meet patient needs in a number of areas including joint injections and minor surgery.
- Nurses held minor illness clinics on a daily basis.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff worked with multi-disciplinary teams to understand and meet the range and complexity of patients' needs.

Good



### Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey results published in July 2016 showed patients rated the practice in line with others for several aspects of care.
- The practice offered flexible appointment times based on individual needs.

Good



# Summary of findings

- 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 staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice held a register of carers with 357 carers identified which was approximately 2% of the practice list. The practice had completed 142 health checks for carers since April 2015.
- There were two nominated Carers' champions who provided information about local support groups and services.

## 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 East and North Hertfordshire Clinical Commissioning Group to secure improvements to services where these were identified. For example, the practice was in the process of developing a system to review their vulnerable patient list in order to provide more specific and targeted care and treatment for vulnerable patients at risk.
- The practice had created a working group in partnership with their Patient Participation Group and had made improvements to their appointment booking and telephone system.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



# Summary of findings

- The practice 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 identifying 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 Liaison Group was active.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices, a local GP Federation and the local East and North Hertfordshire CCG.

# 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, this included taking part in local initiatives to avoid unplanned admissions to hospital and end of life care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- Regular visits to two care homes were carried out by named GPs for continuity of care and emergency visits were also provided when needed. We spoke with a senior staff member at one of the homes who told us that the practice offered excellent care and treatment. They described the practice as very caring, responsive and accessible.
- The practice worked closely with a multidisciplinary team to support older people and patients considered to be in the last 12 months of their lives.
- The practice provided health checks for patients aged over 75 years and had completed 604 health checks in the last months, which was 51% of this population group.

Good



### People with long term conditions

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

- Nurses 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 comparable with the local CCG and national average. The practice had achieved 92% of the total number of points available (with 8% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting). The diabetic lead GP and nurses held an annual meeting with the local community diabetic consultant and diabetic specialist nurse to review patients.
- 78% of patients diagnosed with asthma, on the register, had received an asthma review in the last 12 months which was comparable with the local and national average of 75%.
- Longer appointments and home visits were available when needed.

Good



# Summary of findings

- All patients with a long-term condition had a named GP. 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.
- The practice had changed their clinical system in April 2016. During our inspection we found that the practice did not have a robust medication review system in place for patients on levothyroxine. The practice told us that they had held a clinical meeting shortly after our inspection and had updated their repeat prescribing protocol to ensure their systems and processes were improved for the review of patients receiving medicines that require monitoring.

## Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and identified as being at possible risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were high for all standard childhood immunisations.
- The practice held monthly meetings with health visitors to support and manage vulnerable children and families
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 78% which was comparable with the local average of 83% and national average of 82%.
- Appointments were available on the same day and outside of school hours. The premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors.

Good



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

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

Good



# Summary of findings

- The practice provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering on line services such as appointment booking, an appointment reminder text messaging service and repeat prescriptions, as well as a full range of health promotion and screening that reflects the needs of this age group.
- The practice provided an electronic prescribing service (EPS) which enabled GPs to send prescriptions electronically to a pharmacy of the patient's choice.
- Extended opening times were available one evening each week and on Saturday mornings.

## 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 and annual health checks for people with a learning disability. The practice had completed 78 out of 98 health checks between 2015/2016.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Vulnerable patients had been told how to access various support groups and voluntary organisations.
- Staff had accessed safeguarding training and knew how to recognise signs of abuse in vulnerable adults and children. Staff members 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



## 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).

- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable with the local average of 86% and national average of 84%.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.

Good



# Summary of findings

- Patients were referred to a Cognitive Behavioural Therapy (CBT) Counsellor who was part of the local wellbeing service and held a weekly clinic at the practice.
- 89% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the preceding 12 months compared to 92% locally and 88% nationally.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended A&E where they may have been experiencing poor mental health.
- There was a lead GP for mental health and staff had a good understanding of how to support patients with mental health needs and dementia.

# Summary of findings

## What people who use the service say

The National GP Patient Survey results published in July 2016 showed the practice was performing below and in line with local and national averages. There were 247 survey forms distributed and 118 were returned. This was a response rate of 48%, this represented less than 1% of the practice's patient list.

- 49% found it easy to get through to this surgery by phone compared to the local average of 63% and a national average of 73%.
- 79% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the local average of 82% and national average of 85%.
- 74% of patients described the overall experience of this GP practice as good compared to the local CCG average of 82% and compared to the national average of 85%.
- 59% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 74% and compared to the national average of 78%.

We asked for CQC comment cards to be completed by patients prior to our inspection. We received 5 comment cards. We also spoke with 13 patients during the inspection. From this feedback we found that patients were positive about the standard of care received. Patients said they felt staff were professional, polite, caring and friendly and treated them with dignity and respect. They told us they felt listened to by the GPs and involved in their own care and treatment.

The majority of patients we spoke with told us that they could get through to the practice on the telephone and were able to get an appointment which was convenient to them. However, four patients told us that it was difficult to book an appointment in advance and three patients told us that there were long waiting times for pre-booked appointments.

The practice told us that they had made changes to their telephone system and provided a daily walk-in service for patients who needed to be seen on the same day. The practice had worked with their Patient Liaison Group (PLG) and had completed a large patient survey which resulted in improvements being made to their sit and wait service to improve the patient experience and reduce waiting times. Senior staff told us that they would be discussing the latest results of the National GP Patient Survey with their PLG to identify areas where further improvements could be made. (The PLG is a group of volunteer patients who work with practice staff on making improvements to the services provided for the benefit of patients and the practice).

The practice had received 98 responses to the NHS Friends and Family Test (FFT) in August 2016. The FFT asks people if they would recommend the services they have used and offers a range of responses. 92% said they were either 'extremely likely' or 'likely' to recommend the practice.

## Areas for improvement

### Action the service SHOULD take to improve

- Continue to review systems and processes for the effective management of patients receiving medicines which require monitoring.
- Continue to monitor and take steps to make improvements to the National GP Patient Survey results; including access to the practice by telephone.

# South Street Surgery

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist advisor, a practice manager specialist advisor, a nurse specialist advisor and an Expert by Experience.

## Background to South Street Surgery

South Street Surgery provides primary medical services, including minor surgery, to approximately 20,000 patients in Bishops Stortford, Hertfordshire. Services are provided on a General Medical Services (GMS) contract (a nationally agreed contract). The practice operates across two premises. South Street Surgery is the main surgery located close to the town centre and Bishops Park Health Centre is located next to large supermarket and a local community centre approximately two miles away from the main practice.

The practice serves a slightly lower than average population of those aged between 60 to 74 years, and a higher than average population of those aged between 10 and 14 years and males aged 40 to 54 years. The population is 94% White British (2011 Census data). The area served is less deprived compared to England as a whole.

The practice team consists of nine GP partners, five of which are female and four are male. There are three salaried GPs, seven practice nurses, two of which are qualified to prescribe certain medications, and there are

two health care assistants. The non-clinical team consists of a practice manager, deputy practice manager, business support administrator and a team of secretaries, administration and reception staff.

South Street Surgery is an approved training practice for doctors who are undertaking further training (from four months up to eighteen months depending on where they are in their educational process) to become general practitioners. The practice currently has four GP trainees undertaking speciality training and three foundation year doctors.

South Street Surgery is open to patients between 8am and 5.30pm Mondays to Fridays with telephone lines open until 6.30pm. A sit and wait service is provided to patients that attend the practice between 8am and 10.30am daily. Appointments with a GP are available from approximately 8.30am to 11.50am and from 2pm to 5.30pm daily. Bishops Park Health Centre is open to patients between 8am and 6.30pm Mondays to Fridays. A sit and wait service is provided to patients that attend the practice between 2pm and 4pm daily. Appointments with a GP are available from approximately 8.30am to 11.30am and from 2pm to 6.30pm daily.

Emergency appointments are available daily with the duty doctor, minor illness nurses and through the sit and wait service. A telephone consultation service is also available for those who need urgent advice. The practice offers extended opening hours for pre-booked appointments at South Street Surgery every Saturday between 8am and 11am, and from 6.30pm to 8.30pm on Monday evenings at Bishops Park Health Centre.

Home visits are available to those patients who are unable to attend the surgery and the Out of Hours service is

# Detailed findings

provided by Hertfordshire Urgent Care and can be accessed via the NHS 111 service. Information about this is available in the practice, on the practice website and on the practice telephone line.

## Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This was to check that improvements had been made following the breaches of legal requirements we identified from our comprehensive inspection carried out on 21 May 2015.

## 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 contacted NHS East and North Hertfordshire Clinical Commissioning Group (CCG), Healthwatch and the NHS England area team to consider any information they held about the practice. We carried out an announced inspection on 7 September 2016. During our inspection we visited the main practice and branch surgery and we:

- Spoke with five GPs, three practice nurses including one of the nurse prescribers, both of the health care assistants, the practice manager and deputy practice manager, four receptionists and two members of the administration team.

- Spoke with 13 patients and observed how staff interacted with patients.
- Reviewed 5 CQC comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from seven members of the Patient Liaison Group (PLG).

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 incident form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- Senior staff understood their roles in discussing, analysing and learning from incidents and events. We were told that the event would be discussed at GP partner meetings which took place weekly and we saw evidence to confirm this.
- Information and learning would be circulated to staff and discussed during team meetings which took place every three months. However, the practice did not carry out an analysis of the significant events over time to identify trends. Shortly after the inspection the practice told us that a system was now in place for the analysis of significant events to identify learning points.

We reviewed safety records, incident reports, MHRA (Medicines and Healthcare products Regulatory Agency) alerts and patient safety alerts. We saw evidence to confirm action had been taken to improve safety in the practice and the practice had acted on previous safety alerts. When there were unintended or unexpected safety incidents, patients received support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice improved their systems for sending information between the two premises after internal staff communication went missing in the post.

### 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 GP leads for safeguarding adults and children. The GPs attended safeguarding meetings when possible and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. All GPs and nurses were trained to an appropriate level to manage safeguarding children (level 3) and adults.
- A notice in the waiting rooms and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). The practice had a system in place to record when a patient was offered a chaperone, including whether this had been accepted or declined by the patient.
- The practice maintained appropriate standards of cleanliness and hygiene in most areas. However, during our inspection we found dust in two areas in the treatment rooms and the practice did not have the correct cleaning mops for use in clinical areas only. The practice had previously raised concerns about the quality of work provided by their cleaning supplier and were now in the process of changing their supplier in order to improve standards. The lead nurse was the infection control clinical lead who accessed regular training 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 on a quarterly basis and we saw evidence that action was taken to address any improvements identified as a result.
- We found that the baby changing areas did not meet infection control and safety standards. The safety straps

## Are services safe?

required maintenance and there were no cleaning wipes available. We also found that the disabled toilet did not have a call bell to alert staff in the event of an emergency. Shortly after the inspection the practice told us that new safety straps had been fitted and dispensers had been ordered for cleaning wipes which would be put in place upon arrival. The practice also told us that call bells had been ordered for the disabled toilets and that they would be installed upon delivery.

- All single use clinical instruments were stored appropriately however, during our inspection we found two syringes which had expired in August 2016. Staff took immediate action to remove the out of date medical consumables.
- Specific equipment was cleaned daily and spillage kits were available. Clinical waste was stored appropriately and collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines, including emergency medicines in the practice kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and the security of medicines. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. However, the practice had changed their clinical system in May 2016, and during our inspection we found that the practice did not have a robust medication review system in place for patients on levothyroxine (treatment for people who have problems with their thyroid). The practice told us that they had held a clinical meeting shortly after our inspection and had updated their repeat prescribing protocol to ensure their systems and processes were improved for the review of patients taking medicines that require monitoring. We received evidence to confirm this.
- The practice carried out regular medicines audits, with the support of the local medicines management team, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Two of the practice nurses had qualified as an Independent Prescribers and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions (PGDs) had

been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistants were trained in providing weight management and smoking cessation advice and received regular mentorship and supervision from the nursing team.

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

### 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 along with a poster in the staff area which included the names of the health and safety lead at the practice. The practice had up to date fire risk assessments. Fire alarms were tested weekly and the practice carried out fire drills and checked fire equipment on a regular basis. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as Control of Substances Hazardous to Health (COSHH) and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There were individual team rotas in place to ensure that enough staff members were on duty. The practice had recently completed a review of staff job roles and team structures and a system was in place for the management of planned staff holidays. Staff members would be flexible and cover additional duties as and when required.

### Arrangements to deal with emergencies and major incidents

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

## Are services safe?

- There was an instant messaging system on the computers which alerted staff to any emergency. There was also a panic button location on the reception desk.
- All staff received annual basic life support training.
- The practice had a defibrillator available on both 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 emergency 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. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

# Are services effective?

(for example, treatment is effective)

## Our findings

### Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met people's needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The practice met with East and North Hertfordshire Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on prescribing rates, emergency admissions to hospital and outpatient attendance levels. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.

### 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 showed the practice achieved 99% of the total number of points available, with 8% exception reporting which was comparable with the local and national average. (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). Data from 2014/2015 showed;

- Performance for diabetes related indicators was comparable with the CCG and national average. The

practice had achieved 92% of the total number of points available (with 8% exception reporting), compared to local average of 89% (9% exception reporting) and national average of 89% (11% exception reporting).

- The percentage of patients aged 45 years or over who had a record of blood pressure in the preceding 5 years was in line with the CCG and national average. The practice had achieved 91% of the total number of points available, compared to 90% locally and 91% nationally.
- Performance for mental health related indicators was higher than the CCG and national average. The practice had achieved 99% of the total number of points available (with 15% exception reporting), compared to 96% locally (12% exception reporting) and 93% nationally (11% exception reporting). We checked exception reporting for mental health indicators and found that records showed patients exempted on the register had received a review of their mental health condition and were recorded as resolved. The practice told us that they were going to investigate this further.
- 88% of patients diagnosed with dementia had their care reviewed in a face to face meeting in 2014/2015, which was comparable with the local average of 86% and national average of 84%. Exception reporting for this was 11% which was the same as the local CCG average.

Clinical audits demonstrated quality improvement.

- There had been 10 clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, one of these audits looked at the appropriateness of prescribing medicines used to manage gastric acid in elderly people. This audit identified areas of good practice and areas where improvements could be made to systems and processes, including the provision of updates for GPs on the current guidance on the use of these particular medicines.
- The practice completed an audit on antibiotic prescribing for uncomplicated urinary tract infections to review their prescribing against local guidelines. This audit identified good practice and the repeated audit highlighted an increase in the number of correct first choice antibiotics prescribed and correct treatment duration.

# Are services effective?

## (for example, treatment is effective)

- The practice participated in local audits, national benchmarking, research and peer reviews.

### 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, equality and diversity, information governance, basic life support, infection control, health and safety and fire safety.
- 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 taking blood samples, 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, attendance at educational sessions, conferences and discussions at nurse meetings which took place bi-monthly.
- 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 facilitation and support for revalidating GPs. The majority of staff had received an appraisal within the last 12 months and appraisal dates had been set for the staff whose appraisal was behind schedule.
- Staff had received training that included: information governance, safeguarding children and adults, infection control, health and safety, fire safety, chaperoning, equality and diversity, mental capacity and consent, basic life support, dementia awareness, customer service training and domestic abuse awareness. Staff had access to and made use of e-learning, internal training sessions and Clinical Commissioning Group (CCG) led training days. The practice also held regular educational meetings for all staff members.

### 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 was also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice made referrals to secondary care through the E-referral System (this is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital).
- The practice had systems in place to provide staff with the information they needed. An electronic patient record system was used by all staff to coordinate, document and manage patients' care. All staff were fully trained on the system. This software enabled scanned paper communications, such as those from hospital, to be saved in the system and attached to patient records.
- Staff worked together with other health and social care services to understand and meet the range and complexity of patient needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred to, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis for vulnerable patients and for patients requiring palliative care. These meetings were based on the Gold Standard Framework (GSF) model. (The GSF is a model that enables good practice to be available to all people nearing the end of their lives, irrespective of diagnosis).
- The practice held monthly meetings with health visitors to support and manage vulnerable children and families.
- Routine visits to two care homes were carried out by named GPs for continuity of care and emergency visits were also provided when needed. We spoke with a senior staff member at one of the homes who told us that the practice offered excellent care and treatment. The staff at the home described the practice as very caring, responsive and easily accessible.

### Consent to care and treatment

# Are services effective?

## (for example, treatment is effective)

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

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

### Supporting patients to live healthier lives

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

- These included patients considered to be 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, drug and alcohol cessation and patients experiencing poor mental health. Patients were then signposted to the relevant service.
- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. The practice had completed 78 out of 98 health checks between 2015/2016.
- Smoking cessation advice was provided by the nursing team.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 83% and the national average of 82%. The practice encouraged uptake of the screening programme by ensuring a female clinician was available and by contacting patients who had not responded to the initial invitation. The practice completed a search on their system every two to three months to audit samples and check results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were comparable with local and national averages. For example:

- Data published in March 2015 showed 60% of patients aged 60 to 69 years had been screened for bowel cancer in the last 30 months which was the same as the local average and comparable with the national average of 58%.
- Data showed 66% of female patients aged 50 to 70 years had been screened for breast cancer in the last three years which was comparable with the local and national average of 72%.

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 94% to 96%, which was comparable to the CCG average of 96% to 98% and five year olds from 94% to 97% which was comparable to the CCG average of 94% to 97%.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had 3,536 patients eligible for a NHS health check and had completed 403 in the last 12 months. New patients were offered a health check upon registering.

The practice provided health checks for patients aged over 75 years and had completed 604 health checks in the last 12 months, which was 51% of this population group. 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

### 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 area to discuss their needs.
- The practice had an electronic check-in kiosk and also played music in the waiting rooms to promote patient confidentiality.

We received five CQC patient comment cards and four of the comments received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. One patient commented on the difficulties they had in obtaining an appointment.

We received feedback from 13 patients and seven members of the Patient Liaison Group (PLG). They all told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Patients told us that staff responded compassionately when they needed help and provided support when required.

Results from the National GP Patient Survey published in July 2016 showed patients felt they were treated with compassion, dignity and respect. The practice was comparable with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 85%, national average 87%).
- 96% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).

- 83% said the last GP they spoke to was good at treating them with care and concern (CCG average 84%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).
- 80% said they found the receptionists at the practice helpful (CCG average 83%, national average 87%). The practice told us that reception staff had recently undertaken customer service training.

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

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views.

Results from the National GP Patient Survey published in July 2016 showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were comparable with local and national averages. For example:

- 83% 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%.
- 74% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

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

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

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

- Notices in the patient waiting rooms, and information on display screens told patients how to access a number of support groups and organisations.

## Are services caring?

- The practice's computer system alerted GPs if a patient was also a carer. The practice held a register of carers with 357 carers identified which was approximately 2% of the practice list. The practice had completed 142 health checks for carers since April 2015. There were two nominated Carers' champions who provided information about local support groups and services at both premises.
- 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. For example, the practice was in the process of developing a system to review their vulnerable patient list in order to provide more specific and targeted care and treatment for vulnerable patients at risk.

- The practice had signed up to an enhanced service to manage unplanned hospital admissions for vulnerable and at risk patients. These patients had a personalised care plan and a dedicated telephone number had been provided to health professionals involved in the patients' care. All of these patients had regular reviews and a named GP.
- Patients were able to receive travel vaccinations available on the NHS and were referred to other clinics for vaccines only available privately.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for housebound patients and those with a clinical need.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were referred to a Cognitive Behavioural Therapy (CBT) Counsellor who was part of the local wellbeing service and held a weekly clinic at the practice.
- Staff members were aware of the need to recognise equality and diversity and acted accordingly.
- There were disabled facilities, a hearing loop and electronic check-in kiosks which could be used in different languages.
- The practice had a system in place to identify patients with a known disability and the practice was pro-active in identifying patient communication and information needs.
- Patients had access to a blood pressure, height and weight monitoring machine which was located away from the main patient waiting area.

### Access to the service

South Street Surgery was open to patients between 8am and 5pm Monday to Friday with telephone lines open until 6.30pm. A sit and wait service was provided to patients that attended the practice between 8am and 10.30am daily. Appointments with a GP or nurse were available from approximately 8.30am to 11.50am and from 2pm to 5.30pm daily. Bishops Park Health Centre was open to patients between 8am and 6.30pm Mondays to Fridays. A sit and wait service was provided to patients that attended the practice between 2pm and 4pm daily. Appointments with a GP or nurse were available from approximately 8.30am to 11.50am and from 2pm to 6.30pm daily. The practice offered extended opening hours for pre-booked appointments at South Street Surgery every Saturday between 8am and 11am, and from 6.30pm to 8.30pm on Monday evenings at Bishops Park Health Centre. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the National GP Patient Survey published in July 2016 showed that patients' satisfaction with how they could access care and treatment was below local and national averages.

- 59% of patients were satisfied with the practice's opening hours compared to the CCG average of 82% and national average of 85%.
- 49% of patients said they could get through easily to the surgery by phone compared to the CCG average 63% and national average of 73%.

The practice told us that they had made changes to their telephone system to make it easier for patients to get through and they had also increased the number of staff answering the telephone. The practice provided a daily walk-in service for patients who needed to be seen on the same day and advertised their extended opening hours in the waiting areas and on the practice website.

### Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.

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

- The deputy practice manager was the designated responsible person who handled all complaints in the practice. The practice also had a GP lead in place to oversee complaints.
- Information to help patients understand the complaints system was available on the website and in the patient waiting areas.

We looked at six complaints received in the last 12 months and found all of these had been recorded and handled

appropriately. All complaints had been dealt with in a timely way and there was openness and transparency when dealing with complaints. The practice shared their complaints data with NHS England. Apologies were offered to patients, lessons were learnt from concerns and complaints and action was taken as a result to improve the quality of care. For example, the practice made improvements to the way they managed the process of registering patients on to their on line services.

# 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 an executive committee which held weekly operational and strategic planning meetings and we saw evidence to confirm that they monitored, planned and managed services which reflected the vision and values of the practice.

### Governance arrangements

The practice had structures and procedures in place which supported the delivery of the strategy and good quality care and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- There was a programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff told us they prioritised safe, high quality and compassionate care. Clinical staff had lead roles in a number of areas such as chronic kidney disease, asthma, cancer, mental health and dementia. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when

things go wrong with care and treatment). This included support and training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice kept records of verbal interactions and written correspondence and gave affected people support and a verbal and written apology.

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

- Staff told us the practice held regular team meetings and we saw evidence that regular staff meetings were taking place for all staff groups including multidisciplinary 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The staff we spoke with told us that they 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 services 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 Friends and Family Test, the Patient Liaison Group (PLG) and through surveys and complaints received. The practice staff and PLG members had created working groups and had made several improvements to the telephone system, information available in the patient waiting areas, refurbishments and improvements to the management of the sit and wait clinics. PLG members have also worked with clinical staff to develop a health promotion event for patients with diabetes.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussions. Staff told us

# Are services well-led?

Good 

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

they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, the practice moved the location of the electronic check-in kiosk following staff feedback in order to improve patient confidentiality and reduce the number of people queuing at the reception desk.

## Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. Senior staff regularly attended meetings with peers within their locality

and GP Partners had lead roles on the local CCG board and Local Medical Committee. The practice had GPs with a special interest (GPwSI) in orthopaedics and dermatology which enabled the practice to meet patient needs in a number of areas including joint injections and minor surgery.

The practice was a member of a local GP Federation. The practice had been accredited as a research ready practice and was a member of the Primary Care Research Network for the East of England. The practice had been accredited as an Investor in People employee in 2014.