

Belvoir Vale Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Belvoir Vale Surgery on 20 October 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- 95% of patients who completed the national patient survey described their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- Patients comments cards we reviewed were overwhelmingly positive about the excellent care received by all members of the practice team.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should

- Ensure CQC registration is up to date and correct in regard to registration of the practice.
- Consider incidents which occur in the dispensary are recorded as significant events when in line with practice policy.
- Put in place a separate policy for the management, testing and investigation of legionella to provide guidance to staff.

Summary of findings

- Put a system in place to ensure full clinical audit cycles have been completed.
- Within the Business Continuity Plan ensure mitigating risks and actions are included.
- Embed a system where fridge temperatures in treatment rooms are reset in line with practice policy.
- Ensure that nursing staff who act as a chaperone have received appropriate training.
- Improve the system for the identification of carers and vulnerable patients.
- Have a system in place to ensure that care plans are routinely used for end of life patients.

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. Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Lessons were learned and communicated widely to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed. Risks to patients were assessed and well managed.

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 referred to guidance from the National Institute for Health and Care Excellence and used it routinely. Patients' needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity and promoting good health. There was limited evidence of completed clinical audit cycles.

Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs. There was evidence of appraisals and personal development plans for all staff. Staff worked with multidisciplinary teams.

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 also saw that staff treated patients with kindness and respect, and maintained confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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. Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had good facilities and was well equipped to treat patients and meet their

Good



Summary of findings

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.

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy. Staff were clear about the vision and their responsibilities in relation to this. High standards were promoted and owned by all practice staff and teams worked together across all roles. There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings. There were systems in place to monitor and improve quality and identify risk. The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active. Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice had 365 patients over the age of 75. Information about patients' outcomes were used to make improvements, for example, 2.5% of the practice population had received opportunistic screening for Atrial Fibrillation (AF).

The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in dementia and end of life care.

The practice had a register for patients who received end of life care. We found good examples of communication documented on the electronic patient records between the practice and members of the multi-disciplinary team, for example, Macmillan nurses. However we found that care plans were not routinely used for this group of patients.

It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

95.5% of patients with diabetes had received an annual medication review. The practice hosts the diabetic screening retinopathy van in order for patients to receive the screening nearer to home. The practice uptake for diabetic eye screening was 84% which was above the CCG average of 83.3% and national average of 80%. The practice have produced a diabetes information leaflet for patients which gives information on diabetes. It also informs them on what they can expect from the practice, for example, an annual health check, referral for an exercise plan or a specialist referral to more in-depth information.

89% of patients with asthma had received an annual medication review.

97% of patients with chronic obstructive pulmonary disease (COPD) had received an annual medication review.

Good



Summary of findings

92% of patients on three medicines or more had received a medication review.

Longer appointments and home visits were available when needed. All these patients had a named GP and had a six month review followed by a more structured annual review to check that their health and medication 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.

Families, children and young people

The practice is rated as good for the care of families, children and young people. There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were 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. A GP was a breastfeeding peer support counsellor and offered support and advice to new mothers.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

The practice's uptake for the cervical screening programme was 88.4%, which was comparable to the CCG average of 80.9%. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practiced uptake for bowel screening was 58.9% which was slightly below the CCG average of 60.8%. The uptake for breast cancer screening was 80.9% which was above the CCG average of 75.8% and national average of 70%.

51% of eligible patients had received an NHS Health check.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.

87.5% of patients who had a learning disability had received an annual review.

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. It had told vulnerable patients about how to access various support groups and voluntary organisations, for example, Drug and Alcohol Recovery Team (DART) and Addaction.

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



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).

100% of people experiencing poor mental health had received an annual review.

The practice had recognised that they had low numbers of patients with dementia. In conjunction with the Clinical Commissioning Group (CCG) they now have the CANTAB tool for early identification of dementia. They also have plans to work with the Alzheimer's Society to provide training and produce information for patients registered with the practice.

Members of the practice staff had become Dementia Friends. This meant they had learnt about what it is like to live with dementia. They were able to support patients registered with the practice who had dementia. 89.5% of patients who have dementia had received an annual review.

72.4% of patients who have depression have received an annual review.

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 (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national patient survey results published in July 2015 showed the practice was performing above local and national averages. There were 115 responses and a response rate of 50%.

- 99% find it easy to get through to this surgery by phone compared with a CCG average of 72% and a national average of 73%.
- 97% find the receptionists at this surgery helpful compared with a CCG average of 88% and a national average of 87%.
- 82% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 58% and a national average of 60%.
- 92% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 86% and a national average of 85%.
- 100% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.

- 95% describe their experience of making an appointment as good compared with a CCG average of 73% and a national average of 73%.
- 77% usually wait 15 minutes or less after their appointment time to be seen compared with a CCG average of 68% and a national average of 65%.
- 83% feel they don't normally have to wait too long to be seen compared with a CCG average of 62% and a national average of 58%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 83 comment cards, 82 of which were all overwhelmingly positive about the standard of care received. Comments included, 'care received is top class', 'the practice is superior' and 'we get excellent care'. All staff are friendly, polite, caring, considerate and take the time to listen.

Belvoir Vale Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP, a CQC Inspector and a GP practice manager specialist advisor.

Background to Belvoir Vale Surgery

Belvoir Vale Surgery is a small practice which provides primary medical services to approximately 3,370 patients. The practice dispenses medicines to patients who live more than one mile from the surgery.

At the time of our inspection the practice employed one GP partner (male), a Practice Manager partner, one salaried GP (female), one locum GP (female), one Information technology supervisor, two practice nurses, two dispensers, reception and administration staff.

The practice has a General Medical Services Contract (GMS). The GMS contract is the contract between general practices and NHS England for delivering primary care services to local communities.

The practice has one location registered with the Care Quality Commission (CQC) which is Belvoir Vale Surgery, 17A Walford Close, Bottesford, Nottinghamshire. NG13 0AN

Belvoir Vale Surgery is open from Monday 8.30am to 7.30pm, Tuesday, Wednesday, Thursday and Friday 8.30am to 6.30pm. Patients can book appointments by phone, online or in person.

The practice has an open surgery every morning 8.30am to 10am. Appointments are available Wednesday 8.30am to

11am and 8.30am to 10.50am on a Friday. Afternoon appointments are available Monday to Friday from 3.20pm to 5.50pm. Nurse appointments are available 8.30am to 12 midday and 3pm to 5.50pm Monday to Friday.

Appointments could be booked up to four weeks in advance.

Extended hours are available on Monday evenings between 6.30pm and 7.30pm. These appointments were particularly useful to patients with work commitments.

The practice is located within the area covered by NHS SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG). The CCG is responsible for commissioning services from the practice. A CCG is an organisation that brings together local GP's and experience health professionals to take on commissioning responsibilities for local health services.

NHS South West Lincolnshire Clinical Commissioning Group (SWLCCG) is responsible for improving the health of and the commissioning of health services for 128,000 people registered with 19 GP member practices and the surrounding villages.

The practice had a website which we found had an easy layout for patients to use. It enabled patients to find out a wealth of information about the healthcare services provided by the practice. Information on the website could be translated by changing the language options. This enabled patients where English is not their first language to read the information provided by the practice.

We inspected the following location where regulated activities are provided: - Belvoir Vale Surgery, 17a Walford Close, Bottesford, Nottinghamshire. NG13 0AN

Belvoir Vale Surgery had opted out of providing out-of-hours services (OOH) to their own patients. The OOH

Detailed findings

service is provided by Lincolnshire Community Health Services NHS Trust. There were arrangements in place for services to be provided when the practice is closed and these are displayed on the practice website.

We spoke with the management team in regard to the practice's registration certificate. The practice were registered with the Care Quality Commission but the certificate had not been updated since the retirement of a GP partner. We spoke with the management team who told us the relevant forms had now been submitted to progress a new registration certificate.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This 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.

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.

How we carried out this inspection

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. These 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)

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We reviewed information from SouthWest Lincolnshire Clinical Commissioning Group (SWLCCG), NHS England (NHSE), Public Health England (PHE), Healthwatch and NHS Choices.

We carried out an announced inspection on 20 October 2015.

We asked the practice to put out a box and comment cards in reception to enable patients and members of the public could share their views and experiences. We reviewed 83 completed comment cards where patients had shared their views and experiences of the service.

During our inspection we spoke with one member of the patient participation group (PPG). The PPG is a group of patients who have volunteered to represent patients' views and concerns and are seen as an effective way for patients and GP surgeries to work together to improve services and to promote health and improved quality of care.

On the day of the inspection we spoke with a GP partner, a salaried GP, a practice manager who was a partner in the practice, acting assistant practice manager, one nurse, one dispenser and members of the reception and administration team.

We observed the way the service was delivered but did not observe any aspects of patient care or treatment.

Are services safe?

Our findings

Safe track record and learning

There was an open and transparent approach and a robust system in place for reporting and recording significant events. People affected by complaints received a timely and sincere apology and were told about actions taken to improve care. Staff told us they would inform the practice manager of any incidents. She would then complete the relevant forms for discussion and action. Staff were able to tell us about incidents that had occurred within the practice. The practice carried out an analysis of the significant events.

We reviewed safety records, incident reports and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, condition of a child deteriorated whilst waiting for open access appointment, use of dementia screening tool and a national patient safety alert (NPSA) alert in regard to antibiotic prescribing.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance, National patient safety alerts (NPSA) and Medicines and Healthcare Products Regulatory Agency alerts (MHRA). This enabled staff to understand risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements were in place to safeguard adults and children 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.
- A notice was displayed in the waiting room and treatment rooms, advising patients that a member of staff was available to act as a chaperone, if required.

Nurses who acted as chaperones were not formally trained for the role although the non-clinical member of staff who carried out chaperone duties had undergone training and all had received a disclosure and barring check (DBS). (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).

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and regular fire drills were carried out. 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 and infection control and legionella. We saw the legionella risk assessment which had been carried out in February 2015 by one of the GP partners. The practice did not have a policy in place for the management, testing and investigation of legionella (a bacterium that can grow in contaminated water and can be potentially fatal).
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. One of the GP partners was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. They fed back and implemented updates. There was an infection control policy and protocols in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that actions had been taken or were in progress to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe. Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. We looked at records of refrigerator temperatures for the fridges in treatment rooms and saw that these had been checked twice daily. However the fridges were not being reset on a daily basis.
- The practice had systems and processes for medicines management within the dispensary.

Are services safe?

- The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. We observed that dispensing staff followed safe procedures when dispensing medicines.
- The practice was signed up to the Dispensing Services Quality Scheme (DSQS) to help ensure processes were suitable and the quality of the service was maintained. Dispensing staffing levels were in line with DSQS guidance. Dispensing staff had completed appropriate training, were provided on-going training and had their competency annually reviewed.
- 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 restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Members of dispensing staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.
- Records showed twice daily refrigerator temperature checks were carried out in the dispensary which ensured medicines requiring refrigeration were stored at appropriate temperatures. The dispensary had a standard operating procedure for the cold chain but it did not provide staff with enough guidance on what actions to take in the event of a potential failure. Staff we spoke with were aware of what action to take in the event of a potential failure. The practice had had two serious untoward incidents in regard to the medicine refrigerators and actions had been identified. One action was to ensure that the cold chain policy was reviewed and further information added. We spoke with the practice manager who advised us that a CCG cold chain policy was kept in the treatment room and she would ensure that a copy was held in the dispensary for reference.
- Processes were in place to check medicines stored within the dispensary were within their expiry date and suitable for use, however, the practice did not keep records of this. All the medicines we checked were within their expiry dates.
- We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were logged and then reviewed promptly. However, we noted two records of near-miss dispensing errors were significant events that should have been raised and recorded as such to help make sure appropriate actions were taken to minimise the chance of similar errors occurring again.
- All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.
- There was a system in place for the management of high risk medicines such as warfarin, methotrexate and other disease modifying drugs, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results. We checked one anonymised patient record which confirmed that the procedure was being followed.
- Recruitment checks were carried out and the six files we reviewed showed 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.
- 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

All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice had a defibrillator available on the premises and oxygen with adult and children's masks. However the children's masks were not immediately accessible. The practice nurse told us they would ensure both masks were kept with the oxygen. There was also a first aid kit and accident book available in reception. 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.

Are services safe?

The practice had a business continuity plan in place for major incidents such as power failure or building damage. Risks identified included power failure, adverse weather, unplanned sickness and access to the building. However each risk was not rated and mitigating actions recorded to

reduce and manage the risk. The document contained relevant contact details for staff to refer to. For example, contact details for staff or a heating company if the heating system failed. We spoke with the management team who told us they would update the plan.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment 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 ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet 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 participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients.

Current results from 2013/14 were 93.2 % of the total number of points available, with 6.7% exception reporting. This was 3.7% below the CCG average and 0.3% below the national average.

The practice was an outlier for some of the QOF clinical targets in 2013/14.

For example:

- The performance for diabetes related indicators was 81.7% which was 11.7% below the CCG average and 8.4% below the national average.
- The performance for asthma related indicators was 100% which was 1.8% above the CCG average and 2.8% above the national average
- The performance for patients with hypertension was 100% which was 0.9% above the CCG average and 11.6% above the national average.
- The performance for patients with COPD was 99.3% which was 2.9% above the CCG average and 4.1% above the national average.
- The dementia diagnosis rate was 76.9% which was 17.2% below the CCG average and 16.9% below the national average.

On the day of the inspection we were shown QOF figures where improvements had been made in 2014/15.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. We spoke with the management team who told us that they had already put an audit plan together which will ensure that complete audit cycles are undertaken and by whom.

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 included a review of accident and emergency attendance as it was significantly similar in comparison to other practices in Lincolnshire but significantly higher than the South West Lincolnshire CCG rates. A patient was contacted and a plan put in place to ensure their needs were being met.

Information about patient's outcomes was used to make improvements, for example, 2.5% of practice population had received opportunistic screening for atrial fibrillation (AF).

The practice carried out anticoagulation and shared care testing. They offered regular testing to 81 patients who took anticoagulation medicines. Home visits were undertaken for those patients who were unable to visit the practice. Written protocols were in place to provide guidance to all staff.

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 control, fire safety, health and safety and confidentiality.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice

Are services effective?

(for example, treatment is effective)

development needs. Nursing staff we spoke with had access to appropriate training to meet these learning needs and to cover the scope of their work. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support, health and safety 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

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 test results. Information

such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services. The practice had plans in place to update the electronic patient record system to SystmOne which will enable them to share and obtain all information from out of hours and community services.

The practice had a robust system in place to manage patient two week wait referrals. The practice contacted the patient to arrange a suitable date and time for the appointment. A log was kept to monitor all referrals made to ensure that all patients were seen in a timely manner which in turn would improve patient outcomes.

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 on-going care and treatment. This included when people moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis, for example, palliative care and unplanned admissions. Minutes were detailed and very well documented.

The practice had a register for patients who received end of life care. We found good examples of communication documented on the electronic patient records between the practice and members of the multi-disciplinary team, for example, Macmillan nurses. However we found that care plans were not routinely used for this group of patients. We

spoke with the management team who told us that when SystmOne patient electronic record is installed in December 2015 the practice will use a more formalised template with a care plan attached.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance. Most 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, assessments of capacity to consent were also carried out in line with relevant guidance. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of the assessment.

Health promotion and prevention

Patients who may be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives and those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service. 147 patients registered with the practice had received smoking cessation advice. 2.7% had stopped smoking as a result.

The practice had a comprehensive screening programme. The practice's uptake for the cervical screening programme was 88.4%, which was comparable to the CCG average of 80.9%. The practice sends a letter and adds a pop up alert onto the patient electronic record to ensure that patients who are overdue for their cervical screening test were given a reminder. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for bowel screening was 58.9% which was slightly below the CCG average of 60.8%. The uptake for breast cancer screening was 80.9% which was above the CCG average of 75.8% and national average of 70%.

Childhood immunisation rates for the vaccinations given were above CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were 100% and five year olds 97.6%.

Flu vaccination rates for the over 65s were 87.3%, and at risk groups 70.94%. These were above CCG and national averages.

Are services effective? (for example, treatment is effective)

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. We spoke with a patient who described how as a new patient their daughter had received a health check and an abnormality had been identified and appropriately referred for treatment.

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. A curtain was provided in one treatment room so that patients' privacy and dignity was maintained during intimate examinations. 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 speak confidentially they could offer them a private room to discuss their needs.

82 out of the 83 patient CQC comment cards we received were positive about the service experienced. Patients said they felt the practice offered a superlative service and staff were helpful, caring and treated them with dignity and respect. We also spoke with the chair of the patient participation group (PPG) on the day of our inspection. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national patient survey showed patients were happy with how they were treated and that this was with compassion, dignity and respect. The practice was well above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 96% said the GP was good at listening to them compared to the CCG average of 89% and national average of 89%.
- 97% said the GP gave them enough time compared to the CCG average of 87% and national average of 87%.
- 97% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and national average of 95%.
- 91% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 86% and national average of 85%.
- 98% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 88% and national average of 87%.

We reviewed responses to the NHS Friends and Family test over four months and all respondents said they would be extremely likely to recommend the practice to friends or family.

Care planning and involvement in decisions about care and treatment

Patient feedback on the comment cards we received told us that health issues were discussed with them and 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.

Results from the national patient survey we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and results were in line with local and national averages. For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and national average of 86%.
- 92% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language, but it had not been needed as the patients whose first language was not English felt more comfortable bringing a family member with them to translate.

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 PPG were in the process of planning a noticeboard for the waiting room as a point of reference for specific information for carers which was relevant to the area. This would be particularly useful as the practice population lived in three different counties and therefore the services available sometimes differed dependent on where the patient lived.

Are services caring?

The practice did not have a system in place to identify if a patient was a carer. The practice did not have a consistent approach to ensure that carers were recorded and an alert set up on the patient electronic record. We spoke with the practice and the patient participation group (PPG) who told us that they planned to do some work on behalf of the practice in relation to carers. This work included a noticeboard in reception to ask carers to inform the practice and provide them with written information and contact numbers for support.

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 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 worked with the local CCG to plan services and to improve outcomes for patients in the area.

Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered extended hours on a Monday evening until 7.30pm for working patients who could not attend during normal opening hours.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions. A duty doctor was always available to deal with any emergencies.
- There were disabled facilities, hearing loop and translation services available.
- Patient services were all on the ground floor for ease of access.
- There was a low reception desk for wheelchair users and others who would benefit.
- Baby changing facilities were available.
- The reception area and waiting room were separated which aided confidentiality.

Access to the service

Belvoir Vale Surgery was open from Monday 8.30am to 7.30pm, Tuesday, Wednesday, Thursday and Friday 8.30am to 6.30pm. Patients could book appointments by phone, online or in person.

The practice had an open surgery every morning 8.30am to 10am. Patients could wait or come back to the practice later for appointment time. Patients were guaranteed to be seen.

Appointments were available Wednesday 8.30am to 11am and 8.30am to 10.50am on a Friday. Afternoon appointments were available Monday to Friday from 3.20pm to 17.50pm. Nurse appointments were available 8.30am to 12 midday and 3pm to 5.50pm Monday to Friday.

Appointments were available for GPs and could be booked up to four weeks in advance.

Extended hours were available on Monday evenings between 6.30pm and 7.30pm. These appointments were particularly useful to patients with work commitments.

There was always a duty doctor allocated each day to handle emergencies.

Results from the national patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages and people we spoke to on the day were able to get appointments when they needed them. For example:

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 99% patients said they could get through easily to the surgery by phone compared to the CCG average of 72% and national average of 73%.
- 95% patients described their experience of making an appointment as good compared to the CCG average of 73% and national average of 73%.
- 77% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Listening and learning from concerns and complaints

The practice had a 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 e.g. complaints summary leaflet available in the waiting area. Comments cards we reviewed told us that most patients had not had any reason to complain due to the excellent care given by all members of staff.

We looked at seven verbal complaints received in the year up to 31 March 2015 and these were satisfactorily handled and dealt with in a timely way.

One written complaint in May 2015 was responded to on the same day. There was a documented report of the explanation, discussion and the patient was offered a

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

sincere apology. The practice had undertaken an annual review of verbal complaints in February 2015. Lessons were learnt from concerns and complaints and action was taken to 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 prides themselves on continuity of care over many years. The practice had a patient charter 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 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
- A planned programme of continuous clinical and internal audit to be used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, 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 ensured 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 practice had a low turnover of staff.

Staff told us that regular team meetings were held. Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did. Staff said they felt respected, valued and supported and everyone in the practice worked as a team.

Comments cards we reviewed aligned with these views. The partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Seeking and acting on feedback from patients, the public and staff

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging 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 had been formed in the last year. They met every six weeks and worked with the practice to make improvements to the practice. They were currently working on providing a noticeboard for carers in the waiting room and producing a practice newsletter. The practice had also undertaken a patient survey in April 2015 and as a result had added information to their website to aid patient understanding of the operation of the open surgery.

The practice had also gathered annual patient feedback by an Improving Practice Questionnaire (IPQ) patient survey. It was used as a way of obtaining feedback about the practice. The practice achieved 88% which was above average scores for their ability to listen, explanations of consultations and treatments, have confidence in the ability of practitioners, were shown respect and would recommend the practice. Waiting times scored 65% which was still above the national average of 56%. The practice ran an open surgery every morning in order to alleviate waiting for an appointment. Speaking to a practitioner by phone scored 70% which was above the national average of 61%. Practitioners took phone calls after surgery appointments finished at 11am. Seeing a GP of choice for continuity of care scored 71% which was above the national average of 58%. The practice had published a timetable in the practice leaflet and on the practice website to enable patients to see when a GP of choice was available.

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.

Are services well-led?

Good 

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

Innovation

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. For example, use of the CANTAB tool for early identification of dementia.