

North Hill Medical Group

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 North Hill Medical Group on 10 January 2017. Overall the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents. Safety information was appropriately recorded and lessons learned were identified. However we found the lessons learned from incidents relevant to all staff members were not shared with the administrative staff members.
- The Infection control policy and had not been recently updated or the audits analysed to monitor issues arising. Within 48 hours of the inspection we received an updated version of the policy.
- Risks to patients and staff members were assessed, documented and acted on appropriately.
- Staff assessed patients' treatment and care 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.
- Patients said they were able to make an appointment with a named GP and 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 patient participation Group (PPG) proactively sought feedback from patients, which was acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

Summary of findings

The areas where the provider should make improvements are:

- Lessons learned from incidents should be shared with administrative staff members to ensure learning at all levels within the practice.

- The Infection control policy should be maintained with current local contacts and regularly reviewed. The Infection control audits undertaken to monitor patient safety should be reviewed and analysed to monitor issues arising.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- Staff members knew how to raise concerns, and report safety incidents. Safety information was appropriately recorded and lessons learned were identified. However we found the lessons learned from incidents were not shared with the administrative staff members.
- The Infection control policy had not been recently updated or the audits analysed to monitor issues arising. Within 48 hours of the inspection we received an updated version of the policy.
- Risks to patients and staff members were assessed, documented and acted on appropriately.
- When things went wrong patients received reasonable support, truthful information, and a written apology when appropriate.
- The practice had systems and processes to keep patients safe and safeguarded from abuse.
- Risks to patients and staff members were assessed, documented and acted on appropriately.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average compared to the Local CCG and national average.
- Staff assessed patients' treatment and care needs and delivered care in line with current evidence based guidance.
- Clinical audits were undertaken at the practice to improve patient outcomes and service quality provided.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff members.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs every six to eight weeks.

Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care in comparison with local CCG and national practices.
- 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 in the practice on their website and from practice staff members.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality at all times.
- The practice recognised patients who were carers on their computer records, the number identified was, 150 this equated to 1.1% of their practice population.
- A carer's toolkit was utilised to identify areas for improvement to benefit patients and those that had caring responsibilities.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff 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 investigation into merging with other local practices to share practice resources, and improving clinical standards in diabetes as a result of a local CCG initiative.
- Patients said they found it easy to make an appointment with a named GP and 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.
- 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.

Are services well-led?

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

Good



- The practice had a clear mission statement to deliver high quality care and promote good outcomes for patients. Staff members were clear about the ethos and culture at the practice and their responsibilities in relation to it.

Summary of findings

- There was a clear leadership structure and staff told us they felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents.
- The practice sought feedback from staff members and patients via the patient participation group, which it acted on.
- There was a strong focus on continuous learning at the practice and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered personalised care to meet the needs of the older people in its population.
- The practice responded to the needs of older people, and offered home visits and urgent appointments for those that needed them.
- All older people had a named GP.
- GPs provided a named GP for the residential care and nursing homes to ensure they received continuity of care.
- Palliative care meetings every six to eight weeks were used to understand and discuss patients identified as frail and at risk of deteriorating health.
- They had a high uptake for shingles and flu vaccinations and actively campaigned across a variety of media, for example; prescription repeat forms, posters in the waiting room, on their website and opportunistically during routine appointments.
- Senior health checks were offered, on an ad hoc basis to maximise their uptake.
- A care advisor visited the practice regularly to help patients deal with benefits and equipment needs.
- Prescribing and monitoring for patients at risk of forgetting their medicine were provided person specific prescriptions. We were told for dispensing patients this could be in a single dose pack dossett container.

People with long term conditions

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

Good



- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Personalised care plans had been created, agreed with patients, and shared to ensure continuity of care.
- Diabetic quality data from 2015 to 2016 showed they were comparable with the local CCG and national averages.

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.

Summary of findings

- People with long-term conditions were provided a named practice GP and a structured annual review to check their needs were met. The named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care, to reduce the need for hospital visits.
- Practice prescribers used clinical templates designed to ensure patient's received the blood tests, and diagnostic checks required before repeat prescriptions were given to patients.

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 or at risk, for example, those who had a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations.
- There was a GP designated child safeguarding lead. The weekly clinical meeting agenda had a standing safeguarding item.
- A wide range of contraception services including implants and intrauterine devices was available.
- Cervical screening data showed the practice was comparable with other local CCG and national practice data.
- Appointments were available outside of school hours and college hours, and the premises were suitable for children and babies.
- On-line appointments were available for both advanced and on the day appointments.

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 offered.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Saturday clinics were available at each of the three sites once a month, GPs and nurses were available during these clinics.
- There were three bookable telephone appointments daily within every GP session. There were also telephone advice options for patients on the same day.

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.

Good



- The practice recognised patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer or double appointments for patients with a learning disability. They had recognised 73 people with a learning disability and each of those patients had been offered a health review.
- The practice clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with local care homes to provide, treatment planning, and home visits when needed.
- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.
- Nursing home visits were provided by the nurse to provide regular support for patients.
- Staff members knew how to recognise the signs of abuse and were aware of their responsibilities concerning the sharing of information regarding safeguarding concerns. The practice safe guarding policy set out the details to contact relevant local agencies during normal working hours and out of hours.
- All staff members had undergone safeguarding training of vulnerable adults and children.
- The GP safeguarding leads at the practice attended forums when possible.

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).

Good



- 91% of people diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the local CCG and national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- Staff members had received training in adult safeguarding and were familiar with the Mental Capacity Act.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.
- Staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in the busy waiting rooms.
- Prescribing and monitoring for patients at risk of forgetting or overdosing with medicine were provided person specific prescription frequencies. We were told this could be daily, weekly, or fortnightly.

Summary of findings

What people who use the service say

The national GP patient survey results were published on July 2016. The results showed the practice was performing in line with local and national averages. 243 survey forms were distributed and 118 were returned. This represented 49% of the practice's patient list which was higher than the national response rate of 38%.

- 91% of patients found it easy to get through to this practice by phone (compared with 73% locally and 73% nationally).
- 76% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with 76% locally and 76% nationally).
- 89% of patients described the overall experience of this GP practice as good (compared 84% locally and 85% nationally).

- 87% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with 77% locally and 79% nationally).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received no comment cards from the practice.

We spoke with six patients during the inspection; they all told us the care they received was satisfactory. They also thought staff members were approachable, committed and caring. The practice had not received many friends and family responses either, however those responses received were positive with regards to recommending the surgery. When we spoke to two dispensing patients about the service they received and we were told it was excellent. They also told us that staff members were very helpful with regards dosage requirements and advice.

Areas for improvement

Action the service **SHOULD** take to improve

- Lessons learned from incidents should be shared with administrative staff members to ensure learning at all levels within the practice.

- The Infection control policy should be maintained with current local contacts and regularly reviewed. The Infection control audits undertaken to monitor patient safety should be reviewed and analysed to monitor issues arising.

North Hill Medical Group

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 adviser.

Background to North Hill Medical Group

North Hill Medical Group provides primary care services to approximately 13,523 patients over three locations. The main location is in Colchester, there is a further location in West Bergholt and another in Nayland. We visited the main location on North Hill in Colchester and the dispensing location in Nayland; we did not visit the West Bergholt location. The three locations have completely different practice population types: North Hill (Colchester Town – mixed urban) West Bergholt (commuter, rural) Nayland (elderly, rural)

The medical group's boundary extends from Colchester town out for 10 miles to encompass rural Suffolk. The deprivation score is low for the practice area in comparison with other local and national GP practices. There are six large care and nursing homes with over 200 patients that are registered at the practice.

North Hill Medical Group holds a 'General Medical Service' (GMS) contract which includes a dispensing service. The medical group are a training practice that supports qualified doctors, known as registrars to complete the final stages of their GP training.

There are 53 members of staff working over the three locations; three GP partners one female and two male, and seven salaried GPs six female and one male. The GPs were

supported by three advanced nurse practitioners, two nurse practitioners, three practice nurses, three healthcare assistants, three phlebotomists, a dispensary manager and three trained dispensers, these staff members were female. The clinical teams were supported by a practice manager, a human resources manager, a finance manager and 22 other administrative staff members with a range of roles; secretaries, administrators and receptionists that work full or part-time hours work patterns.

The North Hill and West Bergholt location opening hours are 8am until 6.30pm every weekday and from 8.30am until 1pm one Saturday each month. The Nayland location opens from 8am until 6pm each weekday and from 8.30am until 1pm one Saturday each month. The clinical sessions operate during the opening hours and include clinics for asthma, chronic obstructive pulmonary disease (COPD), diabetes, contraception, including coils and implants, smoking cessation, phlebotomy (blood taking), childhood immunisation and holiday vaccinations, and minor injuries.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of the North Hill Medical Group under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is

Detailed findings

meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we held about the medical group and asked other organisations to share what they knew. We carried out an announced visit on 10 January 2017. During our visit we:

- Spoke with a range of staff members, the practice manager, the GPs, nurse practitioners, dispensing staff members, administrative staff members, receptionists, and an external NHS healthcare professional. We also spoke with patients and one member of the patient participation group on the day of inspection.
- Observed how staff members spoke with patients, to their carer's and/or family members.
- Reviewed processes, policies, and procedures developed to keep patients safe.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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

- When things went wrong patients received reasonable support, truthful information, and a written apology when appropriate.

Risks to patients and staff members were assessed, documented and acted on appropriately.

- There was an effective system in place for reporting and recording significant events.
- Staff members told us they informed the practice manager of any incidents, and the incident recording documentation was appropriately recorded with lessons learned identified. The documentation 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). However we found the lessons learned from incidents relevant to all staff members were not shared in the administrative staff meetings.
- When things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw actions were taken to improve safety in the practice and these were reviewed regularly to ensure they were embedded into normal practice. For example when a GP visited a patient in a care home that needed to be admitted they left instructions with a carer and returned to the practice to write and fax a letter to A&E. The Ambulance contacted the practice for information about the patient because the carer given the information was unavailable. This issue was discussed at the next clinical meeting and an agreement was made to leave brief written information with the patient and to fax a letter at the practice if required.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a GP lead for children and a GP lead for adults, staff members knew who to contact if there was an issue. The GPs attended safeguarding meetings when possible and provided reports for other agencies. Staff members demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults that was relevant to their role.
- A notice in the waiting rooms and in consultation and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained and had received a 'Disclosure and Barring Service' (DBS) check for the role. (DBS)
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. There was a nurse lead for infection control that had received training to keep up to date with best practice. Staff had received infection control training during induction and audited hand washing competency checks were seen. On the day of inspection we found the Infection control policy had not been recently updated with the current contacts for the local infection prevention team. We also found the cleaning audits that had been carried out had not been reviewed or analysed to monitor any issues arising. Within 48 hours of the inspection we received an updated version of the policy.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice manager carried out regular medicines audits, 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. Three of the nurses had qualified as independent prescribers

Are services safe?

and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the GPs for this extended role. 'Patient Group Directions' (PGDs) had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines using a patient specific prescription or direction from a prescriber.

- There was a named GP responsible for the dispensary and all members of staff involved in dispensing medicines had received appropriate training and had opportunities for continuing learning and development. Any medicine incidents or 'near misses' were well documented for learning and the practice had a system in place to monitor the quality of the dispensing process. Dispensary staff showed us standard operating procedures (SoP's) which covered all aspects of the dispensing process (these are written instructions about how to safely dispense medicines). These had been regularly reviewed and provided current guidance for staff members.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs. All medicine seen was stored at the correct temperature and was aligned with the practice 'cold chain procedure' requirements. Those staff members involved in dispensing and administering vaccines understood what to do in the event of a failure in the cold chain.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body with registration number and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a

health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure it was safe to use and contract for clinical equipment ensured it was checked and 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, infection control, 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 mix of staff needed to meet patients' needs. There was a system in place to ensure enough staff members were on duty within the various staff groups, and at each of the three locations.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available.
- The practice had a defibrillator available at each location and oxygen with adult and children's masks. There was visible signage indicating where this equipment was held. A first aid kit and accident book were also available.
- Emergency medicines were easily accessible to staff in a secure area of the three practice locations and staff members knew where they were. All the medicines we checked were in date and stored securely.
- The practice held a business continuity plan to cover major incidents such as power failure or building damage. The plan included emergency contact numbers for staff members which were available on the practice computer. Staff members told us where this was located when we asked.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The clinical staff members assessed patients' 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. Weekly clinical meetings included continuing professional development discussions and presentations, often provided by the GP trainee's at the practice.

- The practice had procedures in place to keep all clinical staff up to date. Staff had access to guidelines from NICE on their computer desk tops, and used this information to deliver care and treatment to meet patients' needs.
- The practice monitored that these guidelines were followed through regular audits and checks. For example; in response to a medicine safety alert research had found that child developmental problems could occur if women became pregnant taking a certain medicine. The practice performed the first audit of female records aged between 12 and 50 taking the medicine. During a clinical meeting the practice prescribers were advised of the new warning and a note was added to patient's records to discuss medication change or risk with pregnancy. Two further audits were performed to check this prescribing change had been embedded at the practice and showed a positive response and result to the alert.

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 97% of the total number of points available was achieved by the practice which was 5% above local CCG practices achievement and 2% above national practices achievement. There were no clinical domains where exception reporting was higher than the local practice CCG or national averages. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2015/16 showed:

Performance for diabetes related indicators were higher than the local CCG and comparable with the national averages.

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64mmol/mol or less in the preceding 12 months (01/04/2015 to 31/03/2016) was 78% (compared with 76% locally and 78% nationally).

Performance for mental health related indicators were higher than local CCG and national averages.

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 93% (compared with 89% locally and 89% nationally).

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits with two of more cycles where the improvements made were implemented and monitored.
- The practice participated in 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; substituting their medicines or changing dosages to reduce patient risks.

Effective staffing

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

- The practice induction programme covered topics such as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality for all newly appointed staff members.
- The practice manager demonstrated how they ensured role-specific training and updates for staff members with the use of a spreadsheet identifying basic and role specific training taken with update timescales.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of

Are services effective?

(for example, treatment is effective)

competence with an annual audit. Staff members that administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussions at clinical meetings.

- The learning needs of staff members were identified through a system of appraisals, meetings and reviews of practice development needs. Staff members had access to appropriate training to meet their learning needs, including external, and e-learning to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching, mentoring, clinical supervision and facilitation and support for revalidating GPs. All the staff members we spoke with had received an appraisal within the last 12 months.
- We saw evidence of training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff members 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 members 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services including the 'Out of Hours' service.

Staff worked together and with other health and social care professionals to understand and meet the range and various needs of patients' to assess and plan ongoing care and treatment. This included when patients moved between services, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a six weekly basis where care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff members understood the practice consent and decision-making requirements including the Mental Capacity Act 2005. Staff carried out assessments of capacity to consent in line with guidance to treat and care for children and young people. Where a patient's mental capacity to consent to care was unclear the clinician assessed the patient's capacity and, recorded the outcome.
- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation. Patients were signposted to their relevant service needs with information in leaflet format, posters in the reception and waiting rooms and on the website.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking, and alcohol cessation. Patients were signposted to their relevant service needs with information in leaflet format, posters in the reception and waiting rooms and on the website.

The uptake of the cervical screening programme was 77%, (compared with 75% locally 73% nationally). The practice provided reminders to patients who did not attend for their cervical screening test. The practice encouraged patients to attend national screening programmes for bowel and breast cancer screening. There were arrangements to ensure results were received for all samples sent for the cervical screening programme, and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for vaccinations were comparable to local CCG and national averages.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that all staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' said their privacy and dignity during examinations, investigations and treatments were respected and maintained by staff members and the provision and use of curtains that surrounded the examination couches. Consultation and treatment room doors were closed ensuring conversations taking place in these rooms could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. They said they would find a private place away from the waiting room where patients could discuss their issues or problems.

We received no patient Care Quality Commission comment cards. The practice manager told us they had put the comment cards in the waiting room as requested by the CQC; however none of their patients had completed a card. The practice manager also told us that they had not received many friends and family comment cards either.

We spoke with a member of the practice patient participation group (PPG). The PPG had surveyed patients to gain their opinion and satisfaction of the practice services. The responses were positive and showed the practice the areas of service that needed development to improve satisfaction. We saw the action plans from the last two surveys produced by the PPG. The action plan showed five improvements that have been implemented for example; GP availability and telephone appointments were increased and the number of bookable telephone appointments with GPs was increased to an average of six for each morning session. This was three times the level prior to the last survey.

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice scored above local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 90% of patients said the GP was good at listening to them (compared with 84% locally and 85% nationally).

- 91% of patients said the GP gave them enough time (compared with 86% locally and 87% nationally).
- 93% of patients said they had confidence and trust in the last GP they saw (compared with 91% locally and 92% nationally).
- 92% of patients said the last GP they spoke to was good at treating them with care and concern (compared with 86% locally and 85% nationally).
- 95% of patients said the last nurse they spoke to was good at treating them with care and concern (compared with 91% locally and 91% nationally).
- 90% of patients said they found the receptionists at the practice helpful (compared with 87% locally and 87% nationally).

Care planning and involvement in decisions about care and treatment

During the inspection, the patients we spoke with told us they felt involved in decision making about their care and treatment. Patients said they felt listened to and supported by staff members and given sufficient time during consultations to make decisions about the choice of treatments available to them.

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

- 91% of patients said the last GP they saw was good at explaining tests and treatments (compared with 86% locally and 87% nationally).
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (compared with 81% locally and 82% nationally).
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care (compared with 85% locally and 85% nationally).

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

- Staff members told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in easy to read formats. Their website provided information in other languages.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The treatment templates encouraged staff members to check for carer's within their practice population. This alerted staff members if a patient was also a carer and ensured carer's were given extra consideration when

arranging appointments to meet their caring and healthcare needs and responsibilities. The practice had identified 150 carer's this equated to 1.1% of the practice population.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for bereaved families was available within the waiting room areas. Within the practice, and on the practice website there were self-help guides and benefits advice to support the bereaved.

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 the Clinical Commissioning Group (CCG) to assure improvements to services where they were identified. CCGs are local clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice offered Saturday Clinic's for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs affecting their ability to attend the practice.
- Same day appointments were available for children and those patients with medical problems that required a same day consultation.
- Patients were able to receive travel vaccinations available on the NHS.
- Nursing staff members had received extra training in specific areas of clinical work to meet the practice population needs for example; prescribing and managing minor injuries; and specific chronic disease management, to ensure they could support both the patients and GPs fully.
- There were disabled facilities at each practice location, a hearing loop and translation services available.
- The practice had 73 patients living with a learning disability and we saw they had all been offered an annual health check.

Access to the service

The North Hill and West Bergholt location opening hours were 8am until 6.30pm every weekday and from 8.30am until 1pm one Saturday each month. The Nayland location opened from 8am until 6pm each weekday and from 8.30am until 1pm one Saturday each month. The clinical sessions operated during the opening hours and included clinics for asthma, chronic obstructive pulmonary disease

(COPD), diabetes, contraception, including coils and implants, smoking cessation, phlebotomy (blood taking), childhood immunisation and holiday vaccinations, and minor injuries.

The practice had opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours were advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment were higher than local CCG and national averages.

- 80% of patients were satisfied with the practice's opening hours (compared with 76% locally and 76% nationally).
- 91% of patients said they could get through easily to the practice by phone (compared with 73% locally and 73% nationally).

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

Listening and learning from concerns and complaints

The practice had an effective system in place to handle complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England and met local requirements regarding contact details. The practice manager was the named designated staff member that led and managed all complaints. There was information available in the practice complaints leaflet, the practice leaflet, and on their website to support patients that wanted to make a complaint.
- Complaints and concerns were a standing agenda item at the clinical meeting to discuss any complaints received. However we complaints and concerns were not shared with the administrative staff members.

The system to manage complaints and concerns showed 70 complaints were received over the three practice locations in the last 12 months. Of the 70 complaints 44 were over the telephone, 11 were emailed 13 were written and two were verbal. We saw they were well documented,

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

managed and complainants had received an apology when appropriate. The practice had reviewed the complaints and produced an annual report to ensure there were no themes or trends that needed to be addressed.

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 aims and objectives were:

- To work in partnership with their patients to promote good health and provide high quality, evidence-based healthcare, making best use of the resources available.
- To provide a responsive, caring and courteous service that is patient-centered and non-discriminatory.
- Future planning at the practice included exploring the benefits for patients and staff members regarding being merged with other practices and being part of the establishment of a 'Super Practice' in their locality.

Governance arrangements

The practice used its policies procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure that:

- Staff members understood their roles and responsibilities to provide team support.
- Practice specific policies were in place and staff members knew where to access them.
- The practice monitored their performance which ensured their ability to maintain and improve patient outcomes. This was shown in their higher than average local and national patient satisfaction and Quality Outcome Framework (QOF) high achievement results.
- Risks were well managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented, prioritised, and followed-up.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the local experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff members told us the partners, salaried, and trainee GPs working at the practice were approachable and always took the time to listen to them. Leadership and culture were exhibited by:

- The GPs encouraging a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour' when dealing with safety incidents.

- The arrangements to deal with notifiable safety incidents when they arose, however administrative staff members were not informed of any learning that had been gained when they were investigated.
- The leadership structure was clear and staff members told us they felt supported by the management team.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated and were proud to work at the practice. We were also told by staff members that they felt confident to raise any topics and were supported when they did.
- Staff members said they felt respected, and valued, at 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 members. They used feedback gathered to modify practice developments.

- The practice monitored feedback from patients through the national GP survey and 'Friends and Family' comments cards.
- The practice had gathered feedback from staff members via staff meetings, appraisals and during ad-hoc discussions. Staff members told us they would not hesitate to give feedback and discuss any concerns or issues with their colleagues or management.
- The practice worked well with their patient participation group (PPG) to gain patient experience and opinions before making changes. They met with the group regularly to discuss any recent issues. Information was provided in electronic format to the virtual members in the group.

Continuous improvement

There was a focus on learning and improvement within the practice.

- We were told that continual improvement was an important ethos throughout the practice. This work included the GPs, registrars, the nursing and administrative staff members.

The management and administrative staff members used a GP practice improvement toolkit; 'The Productive General Practice Programme' to ensure continuous improvements was achieved. This package of tried and tested tools supports primary care service providers to improve their

Are services well-led?

Good 

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

productivity, capability, and the working life of staff members. We saw the new work initiatives being

undertaken at the practice. Staff told us they felt more involved and enthused to make improvements to the running of the practice however small the change that was being explored.