

Mill Road 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 Mill Road Surgery on 12 January 2016. Overall the practice is rated as good.

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

- Staff knew how to raise concerns, and report safety incidents. Safety information was recorded, monitored, and reviewed to identify trends or recurrent themes. When safety events occurred they investigated the issues and shared any learning with all staff members.
- Risks to patients were well managed; the system for assessing risks included those associated with medicines, premises, equipment and infection control.
- Patient care was planned and provided to reflect best practice and recommended current clinical guidance.
- Staff had received appropriate training for their roles and further training had been encouraged, recognised and planned.

- Information regarding how to complain was available in a leaflet and on the practice website, this was easy to understand and comprehensive.
- The practice staff members had received training about safeguarding children and vulnerable adults, and knew who to contact with any concerns.
- The practice was adequately equipped to treat patients and meet their needs. The equipment had been checked and maintained to ensure it was safe to use.
- Patient comments were positive when we spoke to them during the inspection.
- The leadership structure at the practice was well-established and all the staff members we spoke with said they felt supported in their working roles by both the practice manager and the GPs.

We saw an area of outstanding practice:

- The practice maintained a list of people registered with the practice that were either isolated or alone during the Christmas period, and delivered a hamper to them to show that people cared during the holiday period.

Summary of findings

The areas where the provider should make improvement are:

- Provide staff members that are employed to dispense medicines a regular appraisal, and check their competency to dispense medicines on a regular basis.

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.

- Significant events were reported and recorded at the practice and shared with the staff to ensure action was taken to improve safety and lessons were learnt.
- When safety incidents occurred, actions were taken to improve practice processes and prevent future incidents. Those involved received an explanation or apology when appropriate.
- Infection control procedures were completed to a satisfactory standard and documented. The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed on a daily basis and were well managed. The practice fire equipment was appropriate and had been checked to ensure it was safe.
- The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Medicines were managed safely. Members of staff employed to dispense medicines at the practice had received appropriate training, although they had not received a recent appraisal, or had their competency checked regularly to dispense medicine.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were above average in comparison with local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence that appraisals were going to take place in the next few days and staff had been provided pre-appraisal documentation.

Staff communicated with multidisciplinary teams to understand and meet the range and complexities of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

Good



Summary of findings

- Data from the National GP Patient Survey published in July 2015 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients told us they often received information about their treatment; this was in a way that was easy to understand and involved patients in decisions about their care and treatment.

The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available to support them.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice offered its patients access to book online appointments with a GP via the internet.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available.

Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes with a responsive service for all its patients. Patients had access to GPs

Good



Summary of findings

throughout the day via face to face appointments or for advice and telephone consultations. The practice strategy included planning for the future, and staff members were clear about the vision and their responsibilities in relation to this.

- Information about the practice was available to staff and patients. There was a clear leadership structure and staff felt supported by management.
- 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 and the practice had systems in place to monitor notifiable safety incidents and ensure this information was shared appropriately with actions taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked proactively to attract new members. Staff told us they felt supported and could raise comments and suggestions regarding the practice, which were considered and acted upon.

There was a strong focus on continuous learning evidenced in the training records.

Summary of findings

The six population groups and what we found

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

Older people

The practice is rated as good for the care of older people. The practice offered proactive, personalised care to meet the needs of the older people in its population.

- All patients over 75 years were informed by letter of their named GP and could change this GP if they wished.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice was responsive to the needs of older people including:
 - Home visits and appointments with GPs and nurses.
 - Hospital admissions avoidance was discussed at regular multidisciplinary team meetings to reduce unplanned hospital admissions for frail elderly, and patients who were receiving palliative care.
 - Senior health checks were carried out and unplanned admission avoidance care plans were in place.
 - High rates of seasonal flu/shingles vaccinations.
 - Dementia screening was undertaken.
 - A carer's policy was in place and patients were coded as carer's on the practice computer records system.

Carers were provided details of local and voluntary agencies to provide support.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. Performance for the management of long term conditions was higher than other GP practices nationally. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD).

The practice responded to the needs of people with long-term conditions providing:

- Longer appointments and home visits were available when needed.
- Patients had a named GP and a structured annual review to check that their health and medicine needs were being met.
- Patients with a long term condition had a named who GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

- Monthly reviews of recall lists for patients with diabetes, asthma, and COPD were performed by a GP and nurse to ensure consistent care.

Long term condition patients were provided 20 minute appointments or longer dependant on their condition, stability and need.

Families, children and young people

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

The practice responded to the needs of families, children and young people by providing:

- Follow up appointments for children living in disadvantaged circumstances and those who were at risk, for example, children and young people who had a high number of A&E attendances.
- Consistently higher Immunisation rates for all standard childhood immunisations in comparison to national rates.
- Cervical screening and the data showed the practice was equal to nationally reported averages.
- Appointments outside of school hours and the premises were suitable for children and babies.
- Positive joint working with midwives, and liaison with the local safeguarding team (with parental consent) as appropriate.
- Attendance at child protection conferences as appropriate.
- Liaison with local schools, and health visitors.
- Safeguarding information coded onto patients' computer medical records.

Fraser/Gillick competency testing for children over 16 years of age.

Staff who were familiar with and had access to local advice/ safeguarding/support services to families and health promotion services to young people and families (e.g. weight management).

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 working age people, those recently retired and students had been recognised and the practice had modified services to ensure they were accessible, adaptable, and could offer continuity of care. For example:

Good



Summary of findings

- Offering online services to book appointments, and order repeat prescriptions.
- Telephone consultations available on a daily basis with both doctors and nurses.
- Extended hours services above local requirements, provided by GPs, nurses, and healthcare assistants two evenings and one early morning every week.
- A full range of health promotional services such as smoking cessation, weight management and health checks, flu vaccination clinics on Saturdays.

Family planning services, post-natal and baby checks were available as were appointments to monitor the development of babies and the health of new mothers.

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 had tailored services to meet the needs of people within this population group for example:

- The practice held a register of patients living in vulnerable circumstances this included travellers and those with a learning disability.
- Patients without a fixed abode were registered in accordance with the practice homeless policy.
- The practice maintained a list of people registered with the practice that were either isolated or alone during the Christmas period, and delivered a hamper to them to show that people cared during the holiday period.
- Longer appointments for patients with a learning disability were available.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Vulnerable patients were told how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccinations.
- A secondary care appointment reminder system was provided to this population group.
- Annual checks were provided to people with a learning disability.

Good



Summary of findings

Alerts were appended to the medical records to ensure staff members were aware when specific patients rang for appointments and allowed them to release embargoed appointments or home visits if needed.

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).

The practice had adapted their services to meet the needs of people within this population group for example:

- Annual reviews for patients with history of mental health problems, including a mental health plan review.
- An annual review of patients living with dementia to monitor their general health.
- Attendance at care programme approach meetings for people with mental health needs.
- Regular telephone and face to face reviews to monitor people during periods of poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had provided people experiencing poor mental health with information about how to access support groups and voluntary organisations.

The practice followed up patients with mental health needs who had attended accident and emergency.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing in line with local and national averages. 295 survey forms were distributed and 118 were returned, this represented a 40% return rate.

- 66% of respondents found it easy to get through to this surgery by phone compared to a CCG average of 73% and a national average of 73%.
- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 86%, and national average of 85%.
- 76% of respondents described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 72%, and national average of 73%.
- 82% of respondents said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 72%, and national average of 77%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards all of which were extremely positive about the standard of care received. Comments ranged from easy access to appointments, staff helpfulness positive attitudes, and patients saying the practice was excellent, amazing and provided a terrific service.

We spoke with seven patients during the inspection. Patients commented extremely positively about the practice saying that they were very happy with the treatment that they received. Patients said they could obtain appointments that suited their needs. Patients also spoke really positively about the support and attitude of the GPs and nurses. They told us that all staff members were compassionate, listened to their needs, and spent time explaining tests and treatments in a way that patients could understand.

Mill Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Mill Road Surgery

Mill Road Surgery is a dispensing practice based near to Colchester Hospital. The practice provides primary care services via a general medical services contract to approximately 11,800 patients from purpose built accessible premises with plenty of patient parking to the front of the building. The practice provides its services to patients from Colchester and the surrounding villages of Little Horkesley, Great Horkesley, Leavenheath, Nayland, Stoke by Nayland and West Bergholt. Its patient population mainly comprises families with young children, however recently an increasing number of older people were registering with the practice. The area has low numbers of ethnic minority groups in comparison with the national average.

There are five GP partners, three salaried GPs, three nurse practitioners, four practice nurses, and two health care assistants in the clinical team. There is one practice business manager, one reception supervisor, one dispensary supervisor, five dispensary staff members, one prescription clerk, eight receptionists, two administration assistants, three medical secretaries and one notes summariser in the non-clinical team.

The practice opening hours and clinical sessions are; Mondays and Thursdays 8am to 6pm with morning sessions between 8am to 12.30pm and afternoon sessions between 1.30pm and 6pm. Tuesdays and Wednesdays 8am to 7.30pm, with morning sessions between 8am to 12.30pm and afternoon sessions between 1.30pm to 7.30pm. Fridays 6.30am to 6pm, with morning sessions between 6.30am to 12.30pm and afternoon sessions between 1.30pm to 6pm.

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

During the previous inspection at the practice on 05 June 2014 there was one area of improvement that was reported. This was regarding the dispensary standard operating procedures, although these were detailed they were not personalised for use at the practice dispensary.

Why we carried out this inspection

We inspected Mill Road Surgery as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Detailed findings

How we carried out this inspection

Before visiting Mill Road Surgery, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of practice staff and seven patients who used the service.
- We saw the way staff members talked with patients, carers and/or family members.
- Reviewed 44 comment cards where patients and members of the public shared their views and experiences of the service.

To get to the heart of patients' experiences of care and treatment, we always ask the following five questions:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of people and what good care looked like for them. The population groups are:

- Older people
- People with long-term conditions
- Families, children and young people
- Working age people (including those recently retired and students)
- People whose circumstances may make them vulnerable
- People experiencing poor mental health (including people with dementia)

Please note that when referring to information throughout this report, for example any reference to the Quality and Outcomes Framework data, this relates to the most recent information available to the CQC at that time.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of systems including the reporting and recording significant events.

- Staff members told us they would inform the practice manager if any safety incidents occurred.
- The practice carried out thorough investigations of safety incidents and shared the learning with all staff members. Lessons learned from incidents were shared to make sure action was taken to improve safety in the practice. Those patients involved in safety incidents received an explanation or apology from the practice when appropriate, and were told about any actions to improve procedures and to prevent any similar events from occurring. For example, a task for a GP to telephone a patient which was not picked up until 10pm the same day resulted in a procedural change from April 2015.
- National safety alerts were received by the provider, reviewed, and shared with the staff team and acted upon appropriately. We saw that patients' medicine was reviewed and changed when indicated. We reviewed safety alerts and the minutes of meetings and found that they had been discussed with relevant staff.

Overview of safety systems and processes

The practice had procedures, and process in place to safeguard patients from abuse, which included:

- Arrangements to safeguard children and vulnerable adults that reflected the relevant legislation and local requirements were in place. The policies were accessible to all staff and outlined who to contact about the concerns of a patient's welfare. There was a GP lead for safeguarding and GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies. Staff were able to show their understanding and responsibility concerning safeguarding. Staff members had received training relevant to their role and GPs were trained to an appropriate level.
- Chaperones were offered when required, and there were notices in the waiting room and clinical areas that

advised patients they were available. Staff who acted as a chaperone were trained for the role and had received a Disclosure and Barring Service (DBS) check. DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- Appropriate standards of cleanliness and hygiene were seen at the premises. The practice nurse was the infection control clinical lead and kept up to date with best practice. There was an infection control policy in place and staff had received training. Infection control audits were carried out annually and we saw evidence that action had been taken to deal with any improvements that had been identified as a result.
- We checked how medicines were ordered, stored and handled at the practice. Medicines were stored securely, in a clean and tidy manner and were only accessible to authorised staff. Medicines were purchased from approved suppliers and all medicines were within their expiry date and fit for use. There was room temperature monitoring in the areas of the practice where medicines were stored to ensure medicines were kept within the recommended temperature range. Expired and unwanted medicines were disposed of in line with waste regulations and confidential waste was appropriately handled. Systems were in place to action any medicine recalls.
- We saw that medicines requiring cold storage were kept in three refrigerators which were maintained at the required temperatures and staff knew what to do in the event of failure. However, none of the three refrigerators had a battery operated backup thermometer in use to measure the temperature should there be a power failure. Records for one refrigerator did not include the recording of the minimum or maximum temperature even though staff told us they did check this on a daily basis. There was more than one procedure with differing advice to staff on the requirements for cold storage of medicines and vaccines. The practice addressed this immediately at the time of our inspection. They showed us their reviewed policies and we were assured of a consistency of monitoring medicines that require cold storage by the evidence provided.
- 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

Are services safe?

were managed. These were being followed by practice staff and controlled drugs were stored securely and only authorised staff could access them. There were appropriate arrangements in place for the destruction of controlled drugs safely.

- Dispensing staff ensured prescriptions were signed before medicines were handed to patients. Safe systems of dispensing were in operation with a system of second checking in place by another trained member of staff, this included compliance aid dispensing. Dispensary staff kept a log book of dispensing errors or near misses, which was regularly reviewed and actions implemented to improve safety if necessary.
- The practice had signed up to the 'Dispensing Services Quality Scheme' (DSQS), which rewards practices for providing high quality services to patients that are provided a dispensing service. Members of staff involved in the dispensing process had received sufficient, appropriate training but had not received an appraisal for 18 months or had their competency to dispense medicine checked regularly.
- The practice had established a service for patients to pick up prescriptions from a different location for those who found it difficult to collect from the surgery. Systems were in place to ensure the safe delivery of those medicines which benefited people of working age giving them the flexibility to pick up their medicines when the surgery was closed.
- There were safe systems in place to ensure that any change of medicine on discharge from hospital, or following a review from other services, was reviewed by a GP and the appropriate action was taken in a timely manner.
- The nurses either prescribed vaccines or administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms were kept securely and were only accessible to authorised staff however they were not tracked through the practice in accordance with national guidance for blank prescription forms for use in printers. This was addressed immediately by the practice and we have received evidence that assured us that prescriptions were now monitored through the practice and the practice produced a new policy to support this.

- There was evidence that the surgery was responsive to the needs of palliative care patients by ensuring the dispensary had a supply of specialist medicines available for use in an emergency for this patient group.
- The arrangements for emergency drugs, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- The practice carried out regular medicines audits, with the support of the local medicine management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing.
- We reviewed six staff members' personnel files and found 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.
- The results for cervical screening were checked and chased up to check all samples sent for the cervical screening programme had received a result. The practice followed-up women who were referred as a result of abnormal results.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. Within the reception office there was a current health and safety poster and a policy available which identified local health and safety representatives. The practice fire equipment was suitable and had been checked to ensure it was safe. The practice held regular fire drills and fire risk assessments were carried out. Electrical equipment seen had been checked to ensure it was safe to use and clinical equipment was checked to ensure it was working properly. There were a number of other risk assessments in place to monitor the safety of the premises such as; the control of substances hazardous to health, infection control, and legionella testing. (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- The premises and equipment at the practice were appropriate and well maintained to keep patients and staff safe.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs.

Are services safe?

Arrangements to deal with emergencies and major incidents

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

- The practice computer system in the consultation and treatment rooms had an instant messaging system which could alert all staff members within the practice to any emergency.
- The staff had received basic life support training on an annual basis.
- Emergency medicines were available in a secure area of the practice and all staff knew of their location. These

included medicines for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly; all medicines were within date and suitable for use.

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.

The practice business continuity plan was in place to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers.

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. Clinical staff had access to guidelines from NICE and used this information to develop patient care and treatment that was delivered to meet their various needs.

Management, monitoring and improving outcomes for people

The practice collected information 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 average of the total number of points available results were 97% which was 5% above other practices in the local area and 3% above the national average of the total number of points available. The practice exception reporting was 6.5% which was 2% below local CCG practices and 3% below the England average. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- Performance for diabetes related indicators were in line with the national average. The percentage of patients with diabetes, on the practice register, for whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months, was 73% in comparison to 77% for the national average.
- The percentage of patients with hypertension having regular blood pressure tests was 87% which was higher than the national average of 83%.
- Performance for mental health related indicators was better than the national average. The percentage of patients with schizophrenia, bipolar affective disorder

and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 91% which was higher than the national average of 88%.

Clinical audits demonstrated quality improvement.

- There had been nine clinical audits completed in the last two years, two of these were completed audits, where the improvements made were implemented and monitored. Where areas for improvements were identified the practice had acted promptly to address these.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Audit findings were used by the practice to improve services. For example, the practice reviewed all referrals to healthcare specialists for August 2015 to ascertain their quality, completeness and appropriateness. The findings of this survey revealed areas for improvement and changes were made. A further audit was due to be undertaken at the end of January 2016 to ascertain whether the changes made had showed an improvement.

Information about patients' outcomes was used to make improvements such as; reviewing all patients taking soluble or effervescent pain killers to ensure the need for them to continue, due to the high sodium content of effervescent medicine.

Effective staffing

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

- We spoke with newly appointed staff who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could show they provided role-specific training and updates for staff members. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and regular audit. Staff who administered

Are services effective?

(for example, treatment is effective)

vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on line resources and discussion at practice meetings.

- We saw appraisals were used to identify staff training needs. We were told how staff had access to appropriate training to meet their learning needs and to cover the scope of their work. Most staff members we spoke with had received an appraisal within the last 12 –to 18 months.
- Training received included: safeguarding, basic life support skills and confidentiality. Staff were able to access e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation, communications, discharge notification, and test results. Information such as NHS patient information leaflets were also available in a patient accessible area of waiting room.
- When the clinicians referred patients to other services they shared relevant information in a timely way.
- Staff communicated with multidisciplinary teams to meet the range and various patient needs. For example we reviewed meeting minutes that showed all staff members were involved in patient care and had access to the information being discussed.

Staff worked together and with other health and social care services to understand, meet, assess, and plan on-going care and treatment. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a six weekly basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

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

- Staff members knew the relevant consent and decision-making process and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.
- When mental capacity to consent to care or treatment was unclear clinicians assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice held a register of patients who may need extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to the relevant services.

The practice's uptake for the cervical screening programme was 92% which was above the national average of 82%. There was a procedure in place to remind patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend other national programmes for example bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were higher compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 99% to 95% and five year olds from 100% to 97%.

Patients had access to appropriate health assessments and checks. These included new patient health checks, NHS health checks for people aged 40 to 74 years and senior health checks. Appropriate follow-up appointments were made for the issues raised during health assessments and long term condition reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we observed members of the reception staff to be courteous and very helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was maintained by the provision and use of curtains.
- Patients told us they were treated well with consideration, dignity and respect and involved in the decisions about their care and treatment. All the patients we spoke with on the day told us it was a friendly, family orientated practice and all the staff were caring and helpful.
- Consultation and treatment room doors were closed during consultations, thus conversations taking place could not be overheard.
- Staff members at reception recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems.

All 44 of the patient Care Quality Commission comment cards collected were extremely positive about the service experienced at the practice. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Comment cards also highlighted the practice staff reacted in a caring way when patients needed help and support.

Results from the national GP patient survey published in July 2015 showed the practice percentage results were in line in comparison with the local area CCG and national averages, for its satisfaction scores on consultations with GPs and nurses. For example:

- 82% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 86% of respondents said the GP gave them enough time compared to a CCG average of 86%, and a national average of 86%.

- 99% of respondents said they had confidence and trust in the last GP they saw compared to a CCG average of 94%, and national average of 95%.
- 76% of respondents said the last GP they spoke to was good at treating them with care and concern compared to a CCG average of 83%, and national average of 85%.
- 87% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to a CCG average of 90%, and national average of 90%.
- 91% of respondents said they found the receptionists at the practice helpful compared to a CCG average of 85%, and national average of 86%.

The practice maintained a list of people registered with the practice that were either isolated or alone during the Christmas period. These people were delivered a hamper of food by staff volunteers to show that the practice cared during the holiday period.

Care planning and involvement in decisions about care and treatment

During the inspection all the patients we spoke with told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt listened to and supported by staff and given sufficient time during consultations to make decisions about the choice of treatment available to them. Patient feedback on the comment cards we received was all positive and reflected these views.

Results from the national GP patient survey showed patient's responses were similar to the local area and national averages about questions involving planning and making decisions about their care and treatment. For example:

- 87% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 89%.
- 76% said the last GP they saw was good at involving them in decisions about their care compared to a CCG average of 79%, and national average of 81%.
- 86% said the last nurse they saw was good at involving them in decisions about their care compared to a CCG average of 85%, and national average of 84%.

Are services caring?

Staff told us that translation and sign language services were available for patients who were deaf or did not have English as a first language. We saw notices in the reception areas informing patients these services were available.

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 if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carers could be given extra consideration when being given

appointments to ensure they could meet their responsibilities. Written information was available within the practice and on the practice website to direct carers to the various avenues of support available for them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and the practice sent the bereaved family a sympathy card. The bereaved were also offered a consultation at a flexible time 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 assessed the needs of its local population and engaged with the NHS England Area Team. Two GPs that worked at the practice had clinical roles within the local area clinical commissioning group (CCG) to secure improvements to local services when they were identified. CCG's are groups of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

- The practice offered a Friday early morning 'Commuter's Clinic' between 6.30am until 12.30pm and on a Monday and Wednesday evening until 8.30pm for working patients who could not attend during normal opening hours.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those with serious and urgent medical conditions.
- Patients were able to receive travel vaccinations available on the NHS. Those vaccinations only available privately were referred to other clinics.
- There were accessible facilities, a hearing loop, translation, and sign languages services available at the practice.

Access to the service

The practice opening hours and clinical sessions were; Mondays and Thursdays 8am to 6pm, morning sessions were between 8am to 12.30pm and afternoon sessions between 1.30pm to 6pm. Tuesdays and Wednesdays 8am to 7.30pm, morning sessions were between 8am to 12.30pm and afternoon sessions between 1.30pm to 7.30pm. Fridays 6.30am to 6pm, morning sessions were between 6.30am to 12.30pm and afternoon sessions between 1.30pm to 6pm.

Results from the national GP patient survey published in July 2015 showed that patient's satisfaction with how they could access care and treatment was varied when compared with local and national averages.

- 81% of patients that responded were satisfied with the practice's opening hours compared to the CCG average of 73% and national average of 75%.
- 66% patients that responded said they could get through easily to the surgery by phone compared to a CCG average of 73%, and national average of 73%.
- 52% of patients that responded said they always or almost always see or speak to the GP they prefer compared to a CCG average of 62%, and national average of 60%.

All those patients we spoke with on the day of inspection told us they were able to obtain an appointment when they needed one and by various routes. The practice told us that recent changes to address the satisfaction of patients regarding access by adding early morning appointments had been effective.

Listening and learning from concerns and complaints

The practice had an effective system to manage complaints and concerns.

- Their complaints policy was in line with recognised guidelines and contractual obligations for GPs in England.
- There was a named designated staff member within the practice to manage all complaints.
- We saw that information was available to help patients understand the complaints system. For example notices displayed a complaints summary leaflet available and information on the practice website.

We looked at 20 complaints received in the last 12 months and found these had been dealt with satisfactorily and in a timely way with the openness and transparency outlined in their policy. Lessons were learnt from the concerns and complaints that had been conducted and actions had been taken from the findings to improve the quality of care. We also noted that these findings and actions were shared with staff to ensure practice wide learning.

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 concept to deliver their patient care and achieve good outcomes for patients.

- The GP partner's philosophy was to offer the highest standard of healthcare and advice to patients, using the resources available to them.
- The practice had a strong strategy and supporting business plans which had been developed to provide the best care for their practice population.

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:

- The staff structure was understood by staff members who were aware of their own roles and responsibilities
- Practice specific policies were reviewed and regularly updated to ensure they met current guidelines and legislation. Staff told us they were easy to access and understand.
- The practice management team had a comprehensive understanding of their performance which supported them to maintain and improve where needed.
- The practice used the clinical and internal audits they produced to monitor both clinical and non-clinical quality and to make improvements.
- Risks were well managed and actions were taken to improve patient care were well documented.

Leadership and culture

The partners in the practice had the experience, capacity and capability to lead the practice and ensure that high quality care was provided. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff members told us they always took time to listen to them and supported their opinions on any improvement suggestions.

The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candor'. The practice had arrangements and knew about notifiable safety incidents.

- When safety incidents occurred, actions were taken to improve practice processes and prevent future incidents. Those involved received a truthful and honest explanation with an apology when appropriate.

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

- Staff members told us they were involved in the regular practice team meetings.
- Staff told us they appreciated an open culture within the practice and they were given the opportunity to raise any issues at team meetings and felt confident in doing so and supported if they did.
- Staff members told us they felt respected, valued and were supported, particularly by the management and GPs in the practice. Within the minutes of staff meetings we saw that staff members were involved in discussions about how to run and develop the practice. The management and GPs encouraged staff members in attendance to identify opportunities at the practice to improve the service they delivered.

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

The practice encouraged and valued feedback from patients, the public and staff.

- The practice had used the gathered feedback from patients through the GP appraisal system to make changes to their appointment system.
- The practice had also gathered feedback from staff through staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to discuss any concerns or issues with colleagues and management. Staff told us they felt involved in the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and had worked with a neighbouring practice and their patient participation group during the recent practice merger negotiations to reach a joint plan for the future.