

The Royal Crescent 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 The Royal Crescent Surgery on 23 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- The practice had experienced an unexpected reduction in GP cover, this had resulted in a temporary increase in locum cover, however the practice had worked together effectively and demonstrated good resilience to continue to meet the patients' needs
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We saw a strong patient centred caring ethos throughout the practice team.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- 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.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Feedback from patients about their care and treatment was consistently and strongly positive. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- We observed a strong patient-centred culture.

Good



Summary of findings

- Staff were motivated and inspired to offer kind and compassionate care. For example we saw examples of staff delivering prescriptions to patients who found accessing the surgery difficult.
- Information for patients about the services available was easy to understand and accessible.

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.

- 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.
- Although the practice had experienced a short term reduction in GP partner cover, the practice had adjusted its availability of telephone appointments, and increased their locum cover to support the patient's needs. The practice had liaised with the relevant health agencies to suspend the extended hours since January 2016, but ensured all patients with an urgent need were seen as required. Patient feedback had remained very positive despite this temporary shortage of partners.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

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

Good



Summary of findings

- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.

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. Detailed care plans were in place where required and shared with other agencies as appropriate.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice supported patients in two local care homes and conducted fortnightly ward rounds to ensure the appropriate care and reviews were in place.
- The GPs continued to support patients who were at the end of life who moved outside the catchment area for continuity of care.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The percentage of patients with Chronic Obstructive Pulmonary Disease (a range of chronic lung conditions) who had a review undertaken including an assessment of breathlessness in the preceding 12 months (2014/15) was 92% which was higher than the national average of 90%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range was 84% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 98% which was higher than the national average of 94%.
- Longer appointments and home visits were available when needed.

Good



Summary of findings

- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice ensured those with complex needs were always seen by a GP partner who knew them to ensure the correct care was in place and monitored.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The percentage of patients with asthma, on the register, who have had an asthma review in the preceding 12 months (2014/15) was 76% comparable with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014 /15) was 83% comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

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

Good



Summary of findings

- The practice had offered extended hours access including evening appointments and Saturday mornings. The practice had liaised with the relevant agencies to suspend this service from January 2016 due to the time for GP recruitment to be addressed; instead the practice has provided increased telephone appointments and early morning appointments where possible to meet the needs of this population group.

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable.

- The practice held a register of patients living in vulnerable circumstances including homeless people, those who needed extra support and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and those with complex needs.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia).

- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.
- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 98% which was higher than the national average of 88%.
- The percentage of patients with a serious mental health problem who had their alcohol consumption recorded in the previous 12 months (2014/15) was 98% which was higher than the national average of 90%.

Good



Summary of findings

- We saw good examples of staff supporting patients with mental health needs, including reception staff ensuring patients received personalised care.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016. The results showed the practice was performing in line with local and national averages. The GP patient survey sent 307 forms and 126 were returned. This represented 1.8% of the practice's patient list.

- 83% of patients found it easy to get through to this surgery by phone compared to a CCG average of 83% and a national average of 73%.
- 89% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 86% of patients described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).

- 84% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received nine comment cards which were all positive about the standard of care received. The feedback we were given reflected that patients were very proud of the surgery and very satisfied with the caring supportive staff.

We spoke with 14 patients face to face and three by telephone during the inspection. All 17 patients said they were happy with the care they received and thought staff were approachable, committed and caring. Data from the January and February 2016 Friends and family test also demonstrated high levels of patient satisfaction.

The Royal Crescent 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 an Expert by Experience.

Background to The Royal Crescent Surgery

The Royal Crescent Surgery serves the whole of Cheltenham as well as some of the surrounding villages. The practice is thought to be the oldest in Cheltenham, dating back to 1800. It serves a population of 7,200 patients. The population demographics the practice serves are comparable with the clinical commissioning group averages, with low levels of social deprivation.

The practice is situated in the centre of Cheltenham with good access links. The building is spread over three floors with level access on the lower basement floor from the rear of the building. Clinical rooms are situated over the lower floors.

The practice team at the time of the inspection consists of four GP partners with one retiring at the end of March 2016. At the time of the inspection there were three GP partners active in post, two male and one female partner, supported by two practice nurses, one health care assistant and a team of management, reception and administration staff.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available from 8.30am to 11.50am every morning and 2pm to 6pm daily which are variable according to urgent demand on the day. Extended surgery hours had been suspended in January 2016 due to the

temporary GP shortage, this was expected to resume by June 2016. Prior to January 2016 the practice had provided evening appointments and monthly Saturday morning appointments.

In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

When the practice was closed overnight and at weekends the out of hours cover is provided by Gloucestershire Out of Hours accessed via NHS 111.

The practice has a General Medical Services contract to deliver health care services. This contract acts as the basis for arrangements between the NHS Commissioning Board and providers of general medical services in England.

The regulated activities the practice provides are located at:

11 Royal Crescent
Cheltenham,
Gloucestershire
GL50 3DA

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal

Detailed findings

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

For example:

‘Before visiting, 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 23 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, two of the nursing team, the practice manager, members of the administration and reception team and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people’s needs?
- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The significant events we reviewed demonstrated that all staff groups were recording and learning from incidents.
- The practice carried out a thorough analysis of the significant events. This included liaising with external agencies if required to ensure any concerns outside the practice were also followed up. For example when the practice noticed incidents relating to a local pharmacy, these were raised with NHS England for investigation.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, from a significant event review the practice noted an error linked to a local secondary care provider, the practice liaised with the provider to ensure the systems were reviewed to reduce the likelihood of further incidents.

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

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to child Safeguarding level three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example a previous audit had highlighted the need to replace fabric curtains with disposable curtains which had been completed.
- The arrangements for managing medicines, including emergency medicines and vaccine, 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed two 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 and the appropriate checks through the Disclosure and Barring Service. The practice had detailed locum information packs for visiting locums, and had completed the appropriate recruitment checks for these staff.

Are services safe?

- There were failsafe systems in place 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.

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 with two undertaken in the previous six months. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and 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 rota system in place for all the different staffing groups to ensure that enough staff were on duty. The recent shortage of clinical staff had meant the practice had increased its

use of locum GPs, the practice had worked towards consistency where possible with locum support. The administration and nursing team provided cover for their own teams where possible.

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 in the treatment room.
- 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.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff and included copies held off site.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.5% of the total number of points available, with 15.8% exception reporting. (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). We noted the high exception reporting and further questions were asked during the inspection to ensure the patient care in place was appropriate. From the questions we asked and case studies we looked into during the inspection, we saw good examples of care and treatment. This practice was an outlier for one QOF (or other national) clinical target relating to the use of hypnotics, the practice had taken measures to address this. Data from 2014/15 showed;

- The practice ensured those with complex needs were always seen by a GP partner who knew them to ensure the correct care was in place and monitored.
- The percentage of patients with COPD (a range of chronic lung conditions) who had a review undertaken including an assessment of breathlessness in the preceding 12 months (2014/15) was 92% which was higher than the national average of 90%.

- Performance data for patients with diabetes was higher than the national averages:
- The percentage of patients with diabetes, on the register, in whom the last blood test to monitor their condition was in the target range in the preceding 12 months (2014/15) was 86% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was in the target range, was 84% which was higher than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014/15) was 98% which was higher than the national average of 94%.
- The percentage of patients with high blood pressure whose blood pressure tests were in the target range in the preceding 12 months (2014/15) was 83% which was comparable to the national average of 84%.
- Performance for mental health related indicators were higher than the national averages.
- The percentage of patients with a serious mental health problem who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months (2014/15) was 98% which was higher than the national average of 88%.
- The percentage of patients with a serious mental health problem who had their alcohol consumption recorded in the previous 12 months (2014/15) was 98% which was higher than the national average of 90%.
- 88% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which is higher than the national average of 84%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example an audit into long acting reversible contraception had improved retention rates by 29% (from a removal rate of 79% to a removal rate of 50%).
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Are services effective?

(for example, treatment is effective)

- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit into dementia resulted in adjusted care and treatment for four patients. An audit which looked at patients taking multiple medicines (polypharmacy) identified 134 patients and highlighted 25 that needed their treatment plan reviewed.

Data had highlighted the practice had higher than average patients taking certain categories of medicines called hypnotics, which can cause problems with long term use. The practice conducted an audit. Some of these patients accepted the offer of a practice based sleep clinic to ensure the best treatment pathway was in place and adjust treatments where required.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice ran whole team educational sessions approximately four times a year, topics included information governance, safeguarding updates and learning from significant event reviews.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. For example, diabetes updates and insulin initiation course for the nursing team. This included ongoing support during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for GP

revalidation. Staff confirmed they were given the time needed to update and develop their clinical skills and education. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

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

Are services effective?

(for example, treatment is effective)

- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from the practice and a local support group. The practice was also proactive in referrals for fitness support, and we saw positive examples of how the health promotion advice had improved patients' lives.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in

different formats for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for the bowel screening programme was 58% which was lower than the clinical commissioning group (CCG) average of 63%. The practice's uptake for breast screening was 77% which was the same as the CCG.

Childhood immunisation rates for the vaccinations given were comparable to national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 99%, compared to the national range from 72% to 96%, and five year olds from 93% to 97% compared to the national range from 90% to 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups 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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs. We saw good examples of reception staff dealing with patients and offering personalised care.

All of the nine patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 99% of patients said the last nurse they saw or spoke to was good at listening to them (CCG average 93%, national average 91%).
- 91% of patients said the GP gave them enough time (CCG average 89%, national average 87%).
- 99% of patients said the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%).

- 98% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 99% of patients had confidence and trust in the last nurse they saw or spoke to (CCG average 98%, national average 97%).
- 86% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 88%, national average 85%).
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 92%, national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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

- 89% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 97% of patients said the last nurse they saw or spoke to was good at explaining tests and treatments (CCG average 91%, national average 90%).
- 83% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%).
- 91% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

Are services caring?

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available, and a choice of languages was available on the check in screen in reception.

Patient and carer support to cope emotionally with care and treatment

The practice had developed a carer's corner in one of the waiting rooms with good information about how to access a number of support groups and organisations. The practice website also contained carers support information and useful links to information about benefits, financial support and legal advice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had currently identified 0.5% of the practice list as carers, although this was lower than the expected figure (compared to national data), there were systems in place throughout the practice to identify and support carers. The practice had carers support information in carer's packs and identified patients on their computer system for extra support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example the practice worked with the CCG pharmacist to review current medicine and prescribing guidelines and ensure correct care was in place. The practice worked with the CCG social prescribing scheme to refer and offer support networks and information for those with wider social care needs.

- The practice had run educational events for the staff, these recently included dementia awareness and a mindfulness session for staff.
- Patients who needed the support of the mental health crisis team could be seen at the surgery if required.
- Food bank vouchers were available for patients in need; referrals were then put in place for ongoing support.
- There were longer appointments available for patients with complex needs or with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- The practice supported patients in two local care homes and conducted fortnightly ward rounds to ensure the appropriate care and reviews were in place.
- The GPs continued to support patients who were at the end of life who moved outside the catchment area for continuity of care.
- Patients were able to receive travel vaccinations available on the NHS and the practice was an accredited yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had ensured the lower floor was fully accessible to meet all the patients' needs for those who could not access the higher floors. For example the lower floor contained disabled toilets, treatment room, GP consulting room, a waiting room with an additional check in screen and an intercom system to ensure any patients needing assistance were supported.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.50am every morning and 2pm to 6pm daily. These were variable according to urgent demand on the day. Extended surgery hours had been stopped in January 2016 due to the temporary GP shortage, this was expected to be resolved by June 2016. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was above or comparable to local and national averages.

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and national average of 75%.
- 83% of patients said they could get through easily to the surgery by phone (CCG average 83%, national average 73%).
- 79% of patients describe their experience of making an appointment as good (CCG average 80%, national average 73%).
- 77% of patients said they always or almost always see or speak to the GP they prefer (CCG average 68%, national average 59%).

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 for handling complaints and concerns.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available on the practice website or from staff to help patients understand the complaints system.

We looked at eight complaints received in the last 12 months and found these were handled effectively and dealt with in a timely way. The practice reviewed complaints and concerns with, openness and transparency.

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

Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, after an incident which occurred due to patients with the same name, the practice adjusted their

system to include NHS numbers to prevent any reoccurrence. We saw good examples of explanations given after complaints and action taken to share the learning across the whole practice team.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice staff all worked towards delivery a personalised caring service, with the patients as central to their care.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff. Staff confirmed there was an open door policy and all staff were supportive and approachable.

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. The practice had recently undertaken steps to set up a patient participation group (PPG) which was due to meet in April 2016 for their first face to face meeting. The practice was developing the PPG to provide a more formal system to gain feedback from patients and work together on health promotion and education projects. The practice had engaged with the community to try to involve patients from a wide range of backgrounds and ages to provide patient feedback for the PPG.

- The practice had gathered feedback from patients informally and through reviews of previous complaints received. We saw an example of the patient information notices adjusted after patient feedback.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example; the practice had worked with the CCG social prescribing scheme to refer and offer support networks and information for those with wider social care needs, and the practice had engaged with the hospital specialist diabetes services to be able to offer insulin initiation from the surgery.