

Eskdaill Medical

Quality Report

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Date of inspection visit: 09 February 2016
Date of publication: 26/08/2016

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 Eskdaill Medical on 09 February 2016. Overall the practice is rated as good.

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

- The practice had a clear vision and had recognised the needs of patients in the community it served.
- The partners had worked constructively to instil an open and transparent approach to safety. A clear system, which was made known to all staff, was in place for reporting and recording significant events.
- Risks to patients were identified, assessed and appropriately managed. For example, the practice implemented appropriate recruitment checks for new staff, undertook regular clinical reviews and followed up-to-date medicines management protocols.
- We saw that the staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff were encouraged to access training to ensure they had the skills, knowledge and experience to deliver effective care and treatment.
- Feedback from patients was consistently positive. Patients we spoke with told us they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Comments from patients on the 25 completed CQC comment cards confirmed these views.
- Results from the GP Patient Survey July 2015 were generally positive, with some outcomes higher than local and national outcomes. For example, 80% of patients would recommend the practice to someone new to the area, which was above the local and national averages.
- Information about services and how to complain or provide feedback was available in the waiting area and published on the practice website. Where appropriate improvements were made to the quality of care as a result of complaints and concerns. Outcomes from complaints were shared and learning opportunities identified as appropriate.
- Appointments were readily available. Urgent appointments were available the same day, although

Summary of findings

not always with the patients named or usual GP. 75% of patients described their experience of making an appointment as good, which was higher than local and national averages.

- The practice shared a purpose built, modern building with other care providers. They had access to good facilities and modern equipment in order to treat patients and meet their needs.

- There was a clear leadership structure and we noted there was positive outlook among the staff, with good levels of moral in the practice. Staff said they felt supported by management.
- The practice proactively sought feedback from staff and patients in a variety of ways, 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.

Good



- There was an effective system in place for reporting and recording significant events. Staff understood their responsibilities to raise concerns and to report incidents or 'near misses'. The GP partners and managers encouraged staff involvement.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected incidents patients received support, information and an apology as appropriate to the circumstances. The practice put steps in place to identify learning and changes to processes to avoid a possible repeat incident.
- The practice had well established systems in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. For example, this included arrangements for monitoring standards of infection prevention, the safety and security arrangements in place for the management and issuing of prescriptions and medicines.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed the practice had performed well, obtaining 99% of the total points available to them, for providing recommended care and treatment to their patients. This outcome was higher than the average scores across England.
- Staff referred to guidance from the National Institute for Health and Care Excellence (NICE) and used it as required to assess and deliver care in line with current evidence based guidance.
- The practice was positively engaged with an ongoing programme of Clinical audits, which demonstrated a commitment to quality improvement, professional development and patient care.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Personal and professional development was encouraged and supported.

Summary of findings

- There was clear evidence of appraisals and personal development plans for staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. The practice staff participated in regular multidisciplinary meetings to meet the needs of patients and deliver appropriate care and support.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed that patients reported they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. 85% of patients described their overall experience of the practice as good, which was higher than the local CCG average of 83% and equal to the national average.
- Although only 46% of patients with a preferred GP said they usually got to see or speak to that GP. This compared to a CCG average of 55% and national average of 60%.
- Feedback from the 25 completed CQC comment cards was consistently positive. Patients told us they were impressed by the attitude and approach of the staff.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available was easy to understand and accessible. The practice had a comprehensive and well produced practice leaflet. Posters and leaflets were also available in the waiting area and information was available on the practice website.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The identification of the needs for individual patients was at the centre of planning and delivery of services at the practice. 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.
- 88% of patients said the receptionist at the practice were helpful, which was comparable with the CCG average of 85% and a national average of 87%.

Summary of findings

- Whilst 75% of patients described their experience of making an appointment as good, which again was comparable with the CCG average of 72% and national average of 73%.
- Urgent appointments were available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff as appropriate. The practice encouraged positive feedback and celebrated success appropriately.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver good quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had appropriate policies and procedures to govern activity and held regular governance meetings. Systems were in place to review, update and amend policies and procedures to ensure best practice guidelines were incorporated and followed by staff. The practice had a comprehensive and detailed Development Plan which identified existing responsibilities and possible future developments.
- There was a clear and accessible governance framework, which supported the delivery of good quality care to patients. 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, transparency and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The practice benefitted from an active and engaged 'virtual' patient participation group.
- As a GP training practice, there was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice had accurate and clear information about the patients it cared for. There were 15% of patients over 65 years of age and 2% over 85 years. Most lived at their own homes, some with carers or other support. The practice had 479 carers recorded on their register, which represented 3.7% of the patient list.
- The practice had 1.1% of patients living in residential care homes, over twice the national average of 0.5%.
- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people. GPs were able to offer home visits to those patients who were unable to travel into the surgery. On-the-day or emergency appointments were available to those patients with complex or urgent needs.
- The practice had clear objectives to avoid hospital admissions where possible. For example, when GPs visited patients who lived in residential care homes they ensured that patient medication was reviewed regularly and other routine tests were undertaken without the need for patient admission to hospital.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked constructively with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice had clear protocols in place to support the treatment of patients with long term conditions. The practice held clear records of the number of patients with long term conditions. These patients are seen at the surgery on a regular basis and invited to attend specialist, nurse-led clinics.

Summary of findings

- The practice offered longer appointments to these patients and home visits were available when needed.
- Arrangements were in place to ensure patients with diabetes were invited for a review of their condition twice yearly.
- 98% of the patients on the diabetes register had influenza immunization in the period from 1 August to 31 March 2015.
- Nurse led clinics ensured annual reviews and regular checks for patients with asthma and COPD were in place. The practice had clear objectives to reduce hospital admissions for respiratory conditions. All patients who are admitted to hospital were reviewed by the practice respiratory nurse after discharge.

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.
- 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.
- 81% of women aged between 25 - 64 years of age whose notes record that a cervical screening test had been performed in the preceding five years, was in line with 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, health visitors and school nurses.
- The practice supported a number of initiatives for families with children and young people. For example, the practice benefitted from health visitors sharing the same building and child assessments details recorded within records at the location, hosted regular clinics provided by the community midwife and offered a broad range of contraception services.
- Immunisation rates for all standard childhood immunisations were broadly similar to local CCG performance averages. The practice provided flexible immunisation appointments.

Good



Working age people (including those recently retired and students)

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

Good



Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice offered easy access to telephone appointments and telephone consultations.
- Extended opening hours were available Saturday morning and Tuesday evening.

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, such as homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability. GPs also made regular visits to patients with learning difficulties who lived at a local care home.
- The practice regularly worked positively and collaboratively with other health care professionals in the case management of vulnerable patients.
- 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).

- 94% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia. The practice hosted staff of the Wellbeing Team and Primary Care Liaison Workers.
- 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 were published in January 2016. The results showed the practice was performing above many of the local CCG and national averages.

In total 289 survey forms were distributed and 100 were returned. This represented a 35% response rate and was less than 1% of the practice's patient list.

- 73% of patients found it easy to get through to this practice by phone compared to the CCG average of 71% and the national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried, which was the same as both the CCG and the national averages.
- 85% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.

- 80% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the local CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 25 comment cards which were all positive about the standard of care received. Patients reported their satisfaction with the ease of making an appointment, in particular noting the telephone being answered quickly. Comments reflected the caring nature of the staff and a number of the cards identified named members of staff who had provided exceptional care and attention. Some of the comments were from patients who had recently registered with the practice, whilst other had been very long standing patients.

We spoke with three patients during the inspection. All three patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Eskdail Medical

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team comprised of a GP specialist adviser and was led by a CQC Inspector.

Background to Eskdail Medical

Eskdail Medical is located in central Kettering, Northamptonshire.

All services are provided from one registered location;

- Eskdail Medical, Prospect House, 121 Lower Street, Kettering, NN16 8DN.

The practice benefits from modern premises and has good facilities for patients. The practice moved into the building in 2008. Consultation and treatments rooms are on all floors of the building, lifts and stairs are available.

The clinical team at the practice is made up of five GP partners, (two female and three male), and three salaried GPs (two female and one male). The GPs are supported by a six-strong, all female, nursing team including a senior nurse practitioner, two nurse practitioners, two practice nurses and a health care assistant. Administration and management is provided by the practice manager and a team of administrators and reception staff.

The practice provides services under the auspices of a General Medical Services (GMS) contract.

- The practice is open between 8.00am - 6.30pm from Monday to Friday.
- Extended hours appointments are offered until 8pm on Tuesday evenings and between 8.30am - 11.00am on

Saturday mornings. As the practice has patients who work away from the area, with some commuting into London, these later appointments are geared for patients who may not be able to attend during conventional opening times. The practice offered on-the-day appointment and pre-bookable appointments. Urgent appointments are available on the same day.

The practice has 13,070 registered patients. The practice population shadows the national England average closely throughout the age and gender range. According to national data the area compares closely to national average measures of deprivation.

The prevalence of patients with health related problems in daily life was 50% compared with national average of 49%.

The practice had 1.1% of its registered population living in nursing homes compared to the national average of 0.5%.

Out-of-hours services are provided to patients via the NHS 111 service. Advice on how to access the out-of-hours service was clearly displayed on noticeboards throughout the public spaces in the waiting and reception areas. Information was also available on the practice website and telephone messaging service when the surgery is closed.

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. 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

In advance of our inspection visit 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 09 February 2016.

During our visit we:

- Spoke with a range of staff; including Partner GPs, Salaried GPs, practice nurse, practice manager, administration staff, and representatives from the Patient Participation Group and 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.

- Non-clinical staff told us they would inform the practice manager of any incidents or concerns. Clinicians would refer the matter to a GP partner as appropriate. The incident recording process engaged by the practice supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received appropriate support and information as the practice undertook an investigation of the circumstances. Upon the completion of the investigation a written response was issued to the patient or complainant, which included, where appropriate an apology, and details about any actions the practice had identified to improve processes in order to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events which had occurred at the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had received a complaint about the availability of appointments. The practice had reviewed the circumstances in the individual case. We saw that the practice manager and a GP Partner had discussed the circumstances with the patient and explained how the appointments system operated. The practice maintained ongoing oversight of the appointments system and availability of all types of GP and nurse appointments.

We also saw that the practice sustained a healthy approach to the identification, management and learning from various significant events which occurred in the previous 12 months. For example, on one occasion an incident with the lift in the building meant that passengers were trapped in the lift as it was stuck between floors. Whilst the immediate

needs of the situation were managed by the practice staff using the relevant contingency plan arrangements, at a review and reflection discussion, the practice was able to identify how their emergency and contingency plans had worked. It was also agreed that should a repeat incident occur when the practice was open during extended hours surgeries it could cause more difficulties. The practice decided that all patients who might normally choose to use the lift would be seen in ground floor consultation rooms.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The practice had a named GP who acted as safeguarding lead. We saw that all staff were trained to appropriate levels in accordance with the needs of their role, with clinicians trained to level three standards.
- Notices in the waiting area and consultation rooms 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 (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. The premises appeared to be clean and tidy. A 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

Are services safe?

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.

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. We saw that the practice had appropriate, secure arrangements in place for the storage of blank prescriptions.
- Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had comprehensive recruitment, and broader, employment policies. We reviewed three 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.

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. The practice had a full and effective approach to health and safety matters. A health and safety policy was available to all staff, information posters were appropriately displayed which identified local health and safety representatives.
- The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure 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 enough staff were on duty in order to meet the needs of patients.

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 and emergency equipment we checked were in date and stored securely.
- The practice had a business continuity plan in place for major incidents such as power failure or building damage. We saw that elements of the plan had been tested when the practice had to deal with an incident involving the passenger lift within the building. The plan included emergency contact numbers for staff and appropriate arrangements for contacting staff in an emergency. The plan was available via an internet service accessible from outside the practice.

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 patients' 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 at the time of the inspection demonstrated that the practice achieved 99% of the total number of QOF points available. The performance of the practice was broadly comparable to national averages in all domains and, with an overall exception reporting rate of 7%, the practice was not an outlier for any of the QOF (or other national) clinical targets. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2014 - 2015 showed:

- Performance for diabetes related indicators was broadly similar to the national average. The practice achieving overall 89% with the national average 83%.

The practice had delivered outcomes consistently higher than national averages across the range of measures. For example, practice scored 98% for patients with diabetes, on the register, who had influenza immunisation in the preceding period of 01 August 2014 to 31 March 2015. This compared well to the national average of 94%. Other performance measures identified the number of patients

with diabetes on the register whose last measured total cholesterol (measured within the preceding 12 months) is 5mmol/l or less was 85% against a national average of 80%.

The practice had provided dedicated clinics for patients with diabetes. These had worked to address patient needs and regular review and monitoring was in place to identify and implement improvement wherever possible.

- Performance for mental health related indicators was again consistently higher than the national average, with the practice recording 94% with the national average 89%.

The practice again achieved a range of outcomes within the individual measures. For example, the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months (01 April 2014 to 31 March 2015) was 96%. This compared well against the national average of 90%.

For another measure, 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 (01 April 2014 to 31 March 2015) was 94%, while the national average was 88%.

For patients on the dementia register the practice had a lead GP with responsibility for developing and improving delivery of services for patients with mental health and health promotion. Advice was freely available and easily accessible within the practice and on the website. The practice provided longer appointments for patients with mental health concerns.

There was evidence of quality improvement including clinical audit.

- The practice had a comprehensive and regular cycle of repeated clinical audits. We saw that audits for cervical cytology had been undertaken in 2013 and repeated in 2015 and an audit dealing with the potential overuse of inhalers had been undertaken in 2015 and repeated in 2016. The practice had identified where the improvements made were implemented and monitored.

Are services effective?

(for example, treatment is effective)

- The practice participated appropriately in local audits, national benchmarking, and peer review and research. Findings from audits were used by the practice to evaluate, review and, the audit which reviewed the where appropriate, improve services.
- For example, following the publication of a National Review of Asthma Deaths, which contained recommendations for GP practices to consider, the practice undertook a review of all patients meeting specific criteria using inhalers. The audit of patients in March 2015 was repeated in January 2016. Results were shared across the practice and outcomes had improved, with a 60% reduction of patients being prescribed 12 or more inhalers in 12 months.

Effective staffing

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

- The practice had a comprehensive induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- 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 the practice had a dedicated, qualified nurses dealing with patients with Asthma and COPD.
- The practice also had a mutually beneficial arrangements in place which saw members of the Well Being Team located in the practice to provide easier access for patients using the counselling and therapeutic services.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and 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. This included ongoing support,

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training, with protected learning time assured each month.

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.
- 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 professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. We saw for example that the practice had staff with specific lead responsibilities in areas such as prescribing, where developments and improvements and results of reviews were shared appropriately with staff.

Collaborative and cooperative working included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw that regular, structured meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

Are services effective?

(for example, treatment is effective)

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet.
- Smoking and alcohol cessation advice was available from local support groups.
- A counsellor was available at the practice for those recently bereaved patients.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the national average of 82%. The practice would seek to issue reminder to patients who did not attend for their cervical screening test. The practice was able to encourage uptake of the screening

programme by using information in different languages if required and for those with a learning disability. 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. 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.

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 94% to 98% and five year olds from 93% to 98%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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.

All of the 25 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. Some cards identified named members of staff as providing exceptional care and support. Patients told us they felt the GPs and nurses listened to them during consultations and they were given plenty of time. Only two cards highlighted occasional concerns regarding access to appointments, but even these cards identified the good quality of care received.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

For example:

- 85% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 82% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.

- 91% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 81% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 83% and the national average of 85%.
- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 96% and the national average of 97%.
- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

The practice regularly reviewed the outcomes of the survey and sought to implement improvements or changes to services to align with feedback wherever possible.

For example, the survey noted some comments regarding the surgery opening times. The feedback commented that the surgery did not open later than 6.30pm and later opening would be convenient. The practice already had extended opening to 8.00pm on one day of the week, along with Saturday mornings, from 8.30am to 11.00am. It was not considered possible to increase the number of days where extended hours were available, but additional publicity was made available to ensure patients were aware of the existing extended hours provision, with information made widely available with clear signs in the waiting area and updates on the practice website.

Results from the GP patient survey showed that 82% of patients were satisfied with the practice's opening hours, which compared well against local CCG and national average of 75%.

Care planning and involvement in decisions about care and treatment

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

Are services caring?

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 example:

- 83% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and the national average of 86%.
- 76% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 79% to the national average of 81%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 90%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

The practice had proactively reviewed and analysed the outcomes of the survey and had celebrated positive results with staff and sought to address any possible areas for improvement and developments.

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

- The practice had a professionally produced and comprehensive practice leaflet, which provided detailed information about services available at the practice, opening times and signposting information to other agencies and organisation within the locality.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had worked hard to identify carers and had identified 479 patients as carers, which amounted to 3.7% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

The practice had access to a private counselling services located on site. If families had suffered bereavement, their usual GP contacted them and this was followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a suitable 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.

- The practice offered extended hours on Tuesday evening until 8.00pm for working patients who could not attend during normal opening hours. The practice had recognised a need for patients who worked away from the area, with some working shifts or commuting to London.
- There were longer appointments available for patients with a learning disability.
- The practice employed both male and female GPs; therefore patients could choose to see a male or female GP.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. This included visits to residential care and nursing homes and for people with learning disabilities.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- The practice provided toilets for patients and baby changing facilities and supported mothers who wished to breast feed their children.
- There were disabled toilet facilities, a hearing loop and translation services were available for those patients who required them. The practice routinely monitored changes and developments in its patient list and noted an increase in the number of patients from Eastern Europe, and so ensured that staff were aware of the availability of translation services for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

Access to the service

The practice was open between 08.00am and 6.30pm Monday to Friday. Extended hours appointments were

offered from 6.30pm to 8.00pm on Tuesday evenings and Saturday mornings from 08.30 – 11.00am. In addition to pre-bookable appointments that could be booked in advance, urgent and same day 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 comparable to local and national averages.

- 82% of patients were satisfied with the practice's opening hours compared to the local CCG and the national average of 75%.
- 73% of patients said they could get through easily to the practice by phone compared to the local CCG average of 71% and the national average of 73%.
- 75% of patients said their experience of making an appointment as good, compared to the local CCG average of 72% and national average of 73%.
- 56% of patients feel they don't normally have to wait too long to be seen. This compared to the local CCG average of 59% and the national average of 58%.

Feedback from two of the completed CQC comment cards identified minor concerns regarding access to appointments; the majority of comments were positive and did not identify any problems regarding access. People told us on the day of the inspection that they were able to get appointments when they needed them.

The practice offered a range of on the day and pre-bookable appointments. Patients were able to book appointments in person at the practice, or by telephone or via the on-line booking system. The practice operated a system for managing appointments to ensure the smooth management of demand and clinical time availability. Standard GP appointments were ten minutes, with additional time allocated for Registrars or more complex patient needs accordingly. For example, where it was known an interpreter was required a longer appointment session would be pre-booked. Nurse appointments were, similarly, actively managed to ensure the best use of clinical time and availability.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice had an information leaflet, a separate complaint leaflet and information about how to provide feedback or to complain was available within the practice and on the website.

We looked in detail at two complaints received in the last 12 months and found these had been well managed. We saw that feedback was welcomed and encouraged by the

practice. Complaints and concerns were investigated and findings shared with patients and staff appropriately. Written responses to complainants were presented well and the process appeared transparent and timely. Where lessons were learnt from individual concerns and complaints and also from analysis of trends action was taken to as a result to improve the quality of care. For example, in response to a patient's concern about arrangements for making an 'on-the-day' appointment the practice had reviewed arrangements for the allocation and availability of appointments and re-evaluated the systems in place to determine how the time for appointments was managed.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had an unambiguous mission statement which was displayed in the waiting areas and staff knew and understood the values. The practice sought to maintain a consistent approach to supporting staff and enabling them to provide good quality services to patients.
- The practice had a robust strategy and supporting business plan which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained by partners and management team through regular meetings and progress review sessions.
- A programme of continuous clinical and internal audit 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

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners worked hard to encourage a culture of openness and honesty.

The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- The stability of the staff group was recognised by the practice as a positive element of continuity of delivery care to the patients.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice.
- Staff were involved in discussions about how to 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. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the virtual patient participation group (PPG) and through surveys and complaints received. The PPG had evolved into a virtual group as a reflection of the difficulties in recruiting and retaining patients who were able to fulfil the requirements of regular face to face meetings. Instead the PPG was able to provide feedback via online reporting or in response to emails and questionnaires.

Are services well-led?

Good 

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

- The virtual PPG consisted of 66 members and had contributed to practice wide developments. For example, the development and implementation of the current appointments system can be traced back to feedback from the PPG, when in 2014 the patient survey identified a number of concerns about pre-booking of appointments and the impact on the availability of 'on-the-day' appointments.
- The practice sought to gather feedback through staff meetings, personal supervision sessions and at annual appraisal and ad-hoc opportunities.
 - Staff told us they felt confident in making suggestions and that their involvement was welcomed by partners.
 - 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 engaged with local pilot schemes to improve outcomes for patients in the area.

Developments locally had meant links with new organisations had been created and developed over time. For example, the practice told us they maintained positive professional dialogue with the neighbouring pharmacy.

The practice provided support for staff to undertake relevant personal and professional development training.

The partners had long term development plans for the practice and were able to recognise the need for continual monitoring of external developments which may impact of the practice and its ability to maintain the delivery of good quality services to patients.