Holdenhurst Road Surgery

Quality Report

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

Ratings

Overall rating for this service	Good
Are services safe?	Good
Are services effective?	Good
Are services caring?	Good
Are services responsive to people's needs?	Good
Are services well-led?	Good

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Holdenhurst Road Surgery on Tuesday 5 April 2016. Overall the practice is rated as good.

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

- Data showed that Holdenhurst Road Surgery served a population with high deprivation, high unemployment, higher than average drugs and alcohol problems and a high prevalence of mental health. The practice serviced a lower than average number of patients above the age of 55.
- The practice was well managed and had a clear leadership structure and effective culture of team working.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. Staff were supported through this process.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance.
- There was a culture of learning and education at the practice. The practice supported medical students and trainee GPs. Staff had the skills, knowledge and experience to deliver effective care and treatment. There was an effective comprehensive induction programme at the practice.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it difficult to make a routine appointment with a named GP but said urgent appointments were available the same day by accessing the telephone triage system. However, patients said getting through on the telephone was frustrating.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Communication was effective at the practice 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.

We saw one area of outstanding practice:

The practice had a track record of high achievements in Quality and Outcomes Framework (QOF) performance. For example, last years completed results showed that the practice achieved 557.62 of the 559 points available and this year the practice had achieved 538 of 545 points available. The practice were aware that they had missed points and explained this was down to the transient and non-compliant population groups they care for. The practice had achieved these results despite an experience of sustained increases in patient numbers (750 patients in three years), a 25% annual turnover of patients resulting in approximately 2000 new registrations each year and lower staffing numbers.

The areas where the provider should make improvements are:

- Continue to keep the telephone system under review to ensure patients can access appointments.
- Consider ways to increase the identification of carers within the practice population.
- Consider ways to improve patient satisfaction with access to the service.

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?

Good

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.

Are services effective?

Good

The practice is rated as good for providing effective services.

- 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.
- The practice had a track record of high achievements in Quality and Outcomes Framework (QOF) performance despite an experience of sustained increases in patient numbers (750 patients in three years), a 25% annual turnover of patients resulting in approximately 2000 new registrations each year and lower staffing numbers.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey January 2016 showed patients rated the practice either lower or comparable to others for several aspects of care. However, feedback at the inspection did not align with these views. Patients told us they were pleased with their care and with the way they were treated.

Summary of findings

- Patients on the day of inspection said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

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 difficult to get through on the telephone and often had to wait for an appointment with a named GP. However, patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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.
- 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

Summary of findings

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
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice had a smaller than national average number of older patients. For example only 1037 of the 10,200 patients were over 65.
- All patients had an allocated GP but could see any GP if required or necessary.
- Personalised care plans were in place for older patients.
- The GPs were involved in the anticipatory care team for admission avoidance in the over 75 year olds and had a dedicated GP to look after these patients. The GPs received referrals from outside agencies to this service.
- There were structured recall systems for flu, pneumococcal and shingles vaccinations and age-related conditions.
- Care and Nursing homes in the area had access to vaccinations. The GPs performed 'ward-rounds' as required.
- Home visits and on-the day appointments were offered as needed
- Patients were referred to local services such as dementia screening and falls assessments.
- The practice had a system for identifying vulnerable people with physical or mental health issues and used a template to undertake a complete health check reviews. This review included falls assessments, pressure sores, and chronic disease management.
- Longer appointments were offered to those with very complex needs or mental health difficulties.
- Care homes were given a bypass telephone number to ensure timely access to the GPs and practice.
- Effective multidisciplinary team meetings were held which included attendance from social care, voluntary sector and the mental health teams.

People with long term conditions

Good

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

- Due to the demographics of the practice, many patients had co-morbidities (multiple illnesses) and complex needs.

Summary of findings

- There was a robust recall system to ensure that annual reviews were booked.
- Patients could book routine appointments in advance and on-the-day appointments where their needs were particularly complex. Longer appointments were available.
- Appointment slots were embargoed for GPs, so that they could always follow-up a patient in a timely manner as needed.
- Appointments could be booked online.
- The practice nurses had lead roles in chronic disease management.
- 77.94% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was better than the national average of 75.35%.
- There was an effective system in place for managing patients who regularly attended hospital. Practice nurses were given time to follow up these patients on discharge.
- Complex patients were discussed at the regular multi-disciplinary team (MDT) meetings.
- High numbers of patients at the practice had drug and alcohol problems. The practice had a system of managing their care and education into healthier living patterns. These patients were offered reviews and health checks opportunistically as well as in a clinic setting.
- The practice worked well with the local pharmacist to deliver vaccinations, manage patients with multiple prescriptions and provide medicine trays.
- Information was shared with out of hours services for palliative and end of life patients together with mental health or patients who frequently used secondary care or out-of-hours services.

Families, children and young people

Good

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

- The practice had a higher than local and national average number of younger patients including young mothers, single parents, child protection, domestic violence and vulnerability.
- 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 patients who had a high number of A&E attendances.
- The health visiting team was accommodated within the practice which enabled effective working and communication to protect vulnerable families and children on the patient list.

Summary of findings

- The practice held dedicated child immunisations clinics every week and offered opportunistic vaccines. There was a robust recall system in place to try and ensure a high percentage of children were vaccinated. The practice stated that a high turnover of patients made this challenging but they had tried hard to improve immunisations uptake/results by encouraging opportunistic immunisations.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Midwife clinics were offered and GPs were involved in both ante and post-natal care.
- All staff within the practice were alert to safeguarding issues and had an effective communication network where there were concerns. A system on the clinical record highlighted where there were concerns with a child or family.
- Patients had access to a range of contraception services. The practice promoted healthy sex and offered referral to the genito urinary medicine (GUM) clinics specialising in sexual health. Patients also had access to The Junction (a sexual health service for the under 25s).
- There was a robust recall system for cervical smears. 82% of patient between 25 and 65 had had a smear test in the last 5-years.
- Appointments were offered outside school time hours as needed.
- The premises had been adapted to ensure a dedicated meeting room for the health visitor to see mothers and their babies. Baby changing facilities had also been added.
- A private room was available for breastfeeding and toys and books were available for children in waiting rooms.

Working age people (including those recently retired and students)

Good

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

- Holdenhurst Road had a larger than national average younger working-age population. The practice was in close proximity to the university of Bournemouth.
- 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.

Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- Extended opening and online booking were available. Text reminders were used to prompt patients to attend or cancel their appointments.
- Flu clinics were offered at evenings and weekends to meet the needs of working people and screening and regular bloods tests were available during extended hours.
- GPs were sensitive to the needs of working people and helping them get back to work. Fit-notes were offered in a timely manner.
- Telephone access to the GP or Nurse was well-used and appreciated by working-age population.

People whose circumstances may make them vulnerable

Good

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

- The practice had a higher than local and national prevalence of patients living in vulnerable circumstances including drug dependency, alcohol abuse, homelessness, at risk of sexual or domestic violence, mental health, and learning disabilities.
- The practice held a register and had visual alerts on patient records to ensure these vulnerable patients were identified promptly.
- Immediate [same-day] and longer appointments were available to this group of patients with longer appointments offered as needed to patients with challenging circumstances or mental health problems.
- The practice ensured the community psychiatric nurses (CPN) and social services were able to attend the MDT meetings to discuss vulnerable patients.
- Staff knew how to recognise signs of abuse and neglect in this group.
- The ethos of the practice was non-judgemental of this vulnerable group.
- The practice worked closely with CPNs and mental health workers to ensure appropriate care was offered to these patients. For example, care plans, self-management techniques etc.
- Effective sign posting was in place to ensure these patients could access help from a variety of sources.
- Holdenhurst Road practice had a higher than average number of patients who did not speak English. Some of these patients

Summary of findings

had complex needs including mental health and abuse. The practice had GPs who could speak different languages which was helpful in managing the needs of this group. Practice staff also used interpreters and online translation services.

- There was a structured management of patients taking controlled drugs and medicines. Procedures were in place for issuing weekly prescriptions for those at risk of misusing their medicines. There was a cohesive and consistent approach to managing controlled drugs to ensure that patients with drug-seeking behaviour received a common approach irrespective of which GP they saw.
- The practice offered longer appointments for patients with a learning disability and had a system of reviewing these patients. For example, 57 of the 76 patients had received a review so far this year.

People experiencing poor mental health (including people with dementia)

Good

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

- Holdenhurst Road had higher than average number of patients in unemployment and social deprivation, and those with drug and alcohol related conditions. The practice also had a higher than average prevalence of mental health. For example, 1.8% compared to the national average of 0.8%.
- There was a nominated GP lead for mental health conditions who had additional expertise in mental health issues.
- The practice worked closely with other agencies to manage these patients in a multi-disciplinary way.
- The practice held special MDT meetings to include social services, mental health workers, support workers, voluntary services and sometimes the police where a patient was particularly difficult to manage due to their mental health.
- A system was in place for these patients who attend A&E or Out of Hours services to be followed up.
- 94.5% of mental health patients had a comprehensive care plans and received regular reviews.
- Reception staff had experience and expertise dealing with mental health patients.
- Medicine reviews were undertaken regularly and blood tests are carried out as needed.
- Extended appointments were offered to patients if needed to discuss their mental health issues.

Summary of findings

- The practice proactively and opportunistically identified dementia patients. All staff had received a presentation given by GP specialists on dementia so that there was an increased awareness of this condition across the surgery.
- 80.85% of patients diagnosed with dementia who had had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84.01%.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing in line with local and national averages. 400 survey forms were distributed and 102 were returned. This represented 1% of the practice's patient list.

- 75% of patients found it easy to get through to this practice by phone compared to a Clinical Commissioning Group (CCG) average of 84% and a national average of 73%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (CCG average 89% and national average 85%).
- 75% of patients described the overall experience of their GP practice as fairly good or very good (CCG average 90% and national average 85%).
- 65% of patients said they would definitely or probably recommend their GP practice to someone who has just moved to the local area (CCG average 84% and national average 75%).

As part of our inspection we also asked for Care Quality Commission comment cards to be completed by patients prior to our inspection. We received 12 comment cards. We also spoke with 12 patients. Comments were all positive about the staff and standard of care but highlighted dissatisfaction with the telephone system and getting an appointment. Comments referred to courteous, helpful, caring and professional staff. Many comments referred to specific staff who had provided exceptional care. We received five comments about the telephone and appointment system. Comments included difficulty in getting through on the telephone and getting routine appointments with a GP. All patients said they could get an urgent appointment on the same day or could speak with a GP.

We saw the last three months of the friends and family test. Of the 114 replies 88 patients said they would be extremely likely or likely to recommend the practice. Twelve patients said they would neither recommend or not recommend the practice and nine patients said they would be unlikely or extremely unlikely to recommend the practice to their friends and family.

Areas for improvement

Action the service SHOULD take to improve

- Continue to keep the telephone system under review to ensure patients can access appointments and consider ways to improve patient satisfaction with access to the service.
- Consider ways to further increase the identification of any carers within the practice population.

Outstanding practice

The practice had a track record of high achievements in Quality and Outcomes Framework (QOF) performance. For example, last years completed results showed that the practice achieved 557.62 of the 559 points available and this year the practice had achieved 538 of 545 points available. The practice were aware that they had missed points and explained this was down to the transient and non-compliant population groups they care for. The practice had achieved these results despite an experience of sustained increases in patient numbers (750 patients in three years), a 25% annual turnover of patients resulting in approximately 2000 new registrations each year and lower staffing numbers.

Holdenhurst Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a Care Quality Commission lead inspector**.** The team included a GP specialist adviser and a practice manager specialist adviser.

Background to Holdenhurst Road Surgery

Holdenhurst Road Surgery was inspected on Tuesday 5 April 2016. This was a comprehensive inspection.

The practice is located on the outskirts of Bournemouth town centre, close to the university and shopping centres. The practice serves a patient list of 10,300. Holdenhurst Road Surgery serves a population of high deprivation, high unemployment, higher than average drugs and alcohol problems and a high prevalence of mental health. The practice serve a lower than average population of patients over the age of 55.

The practice is a training practice for doctors who are training to become GPs and for medical students.

There is a team of three GP partners, one male and two female. Partners hold managerial and financial responsibility for running the business. The team are supported by an additional salaried GP, a practice manager and a team of three nursing staff, a health care assistant and additional administration and reception staff.

The practice is open between 8am and 6.30pm Monday to Friday and open until 8.15pm on alternate Tuesday and Wednesdays.

In addition to pre-bookable, urgent appointments are available for patients that need them. These are accessed through the telephone triage system although children under two are seen face to face as a matter of routine.

Patients using the practice also have access to community nurses, midwives and mental health teams. Health visitors were co-located at the practice.

Outside of opening times patients are directed to contact the out of hours service by using the NHS 111 number.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on Tuesday 5 April 2016. During our visit we:

- Spoke with a range of staff and spoke with patients who used the service.

Detailed findings

- 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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 Care Quality Commission at that time.

Good

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 and GP of any incidents and there was a recording form available on the practice's computer system.
- Staff explained that there were formal meetings where incidents were part of the agenda, but that action was taken before these meetings. Staff explained that the process of investigation was a supportive one and opportunities were used by the team to improve safety.
- The practice carried out a thorough analysis of the significant events.

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, a patient with a similar name was issued with the incorrect sick note. The practice immediately rectified this and introduced extra prompts which alerted staff to patients with similar names.

When there were unintended or unexpected safety incidents, patients received support, truthful information, an 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 were lead members of staff for adult and child safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to safeguarding level three for children. We spoke with health visitors who were based at they practice. They said communication about at risk families was excellent and the monthly meetings were used to discuss vulnerable families.
- Notices in the treatment and consultation room advised patients that chaperones were available if required. These posters were in the process of being reviewed to ensure they were positioned correctly and visible to patients. 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 and attended training updates to keep up to date with best practice. There was an infection control protocol in place which had been reviewed in November 2015. Staff had received up to date eLearning training. Annual infection control audits were undertaken. The last audit had been performed in March 2016 and had included reminding staff about not wearing jewellery and correctly labelling sharps bins. 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 and security). The practice carried out regular medicines audits, with the support of the local Clinical Commissioning Group (CCG) 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. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. These had been adopted and signed by the practice nurses. The practice had a system for production of Patient Specific Directions to enable the Health Care Assistant to administer vaccines after specific training when a GP or nurse were on the premises.

Good

Are services safe?

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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 on display 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. The last check was performed in December 2015. Clinical equipment had been checked in May 2015 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. Staff explained that there had been a shortage of staff across all areas of the practice but recruitment had been ongoing. Staff explained that they felt they were 'turning the corner' and were looking forward to the new nurse practitioner starting later this month. There had been a shortage of GP sessions due to relocation of staff, reduction of hours and retirement. The practice had used locum staff to fill gaps until new GPs were recruited. Locum staff were regular staff which provided continuity for 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. The two practice nurses had extensive experience of working in accident and emergency departments and intensive care settings. One of the practice nurses had a current advanced life support qualification.
- 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. There were emergency medicines for GPs to take on home visits. These were regularly checked for expiry dates.
- 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.

Good

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. The practice manager had a system to check that staff had read any update emails. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patient's needs. GPs used templates for the care of long term conditions and had access to online formularies for prescribing.
- 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). Last years, 2014-15, completed results showed that the practice had achieved 557.62 of the 559 points available with a16.1% 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). The practice explained that the high exception reporting rate was due to the high turnover of patients meaning some information could not be captured as patients moved out of the area. This practice was not an outlier for any QOF (or other national) clinical targets. This year's results had just been released and showed the practice had achieved 98.7% of the points. (538 of the 545 points available).

Data from 2014/2015 showed;

- Performance for diabetes related indicators was 98.4% which was better than the Clinical Commissioning Group (CCG) average of 95.2% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 100% which was better than the CCG average of 98.7% and national average of 97.9%.
- Performance for mental health related indicators was 100% which was better than the CCG average of 96.9% and national average of 92.9%.

The practice were aware that they had missed points and explained this was down to the transient and non-compliant population groups they care for. The practice explained that along with sustained increases in patient numbers (750 patients in three years), a 25% transient patient group and approximately 2000 new registrations each year the practice have a track record of achieving targets. The staff were proud of these achievements which had also been attained despite shortages of staff.

Clinical audits demonstrated quality improvement.

- We saw six clinical audits completed in the last two years and looked at two of these which were completed, full cycle, audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve and monitor services. For example, a recent audit included an audit to look at antibiotic prescribing amongst the GPs. This showed that an appropriate number of antibiotics had been prescribed. Another audit looked at the usage of a high risk medicine used for pain relief. This showed that these patients had been reviewed and the indication for use recorded in the patients notes.

Effective staffing

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

- The practice had a robust and 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. Staff were then invited to a probation interview to ensure they had achieved the required standard and were happy in the work place.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those staff reviewing patients with

long-term conditions. 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 said there was encouragement and support to attend training sessions and continue with their professional development. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals and mentoring. There was clinical supervision and facilitation and support for revalidating GPs. Staff said they were able to speak with the GPs to seek advice and sometimes the GPs asked advice from the nursing team. Staff explained that this mutual respect helped reduce stress and fostered a sense of team work. 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. Staff explained this was sometimes difficult because of the number of transient staff and sometimes not knowing where these patients had moved to. There were systems in place to communicate with other health and social care professionals 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 monthly basis and that care plans were routinely reviewed and updated. We spoke with a health care professional who added that communication between practice staff and the multidisciplinary team was good and that they were able to speak with the GPs on an ad hoc basis and more formally through the practice meetings they attended.

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 patients, 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.
- The process for seeking consent was achieved through use of written consent and use of prompts on the computer system.

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. Patients were then signposted to the relevant service.
- Smoking cessation advice was available from a member of practice staff.

The practice's uptake for the cervical screening programme was 71.6%, which was comparable to the Clinical Commissioning Group (CCG) average of 78.2% and the national average of 76.7%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated

Good

Are services effective?

(for example, treatment is effective)

how they encouraged uptake of the screening programme by using information in different languages and 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.

Childhood immunisation rates for the vaccinations given were comparable to CCG and/or national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 95.50% of the targets expected and preschool boosters were 98.13%.

Patients had access to appropriate health assessments and checks through a local pharmacy. 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.

Good

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. Patients we spoke with told us staff were respectful, kind and caring.

- 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 12 patient Care Quality Commission (CQC) comment cards we received were positive about the service experienced. Patients said they felt the practice offered a very good service and staff were professional, helpful, caring and often went above and beyond.

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.

Results from the national GP patient survey (January 2016) showed patients felt they were treated with compassion, dignity and respect. The practice was comparable or slightly below average for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 92% and national average of 89%.
- 78% of patients said the GP gave them enough time (CCG average 90%, national average 87%).
- 96% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%).
- 76% of patients said the last GP they spoke to was good at treating them with care and concern (CCG average 89%, national average 85%).
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern (CCG average 93%, national average 91%).
- 80% of patients said they found the receptionists at the practice helpful (CCG average 90%, national average 87%).

These survey results did not mirror our findings. All 12 comment cards and all 12 patients we spoke with were very complimentary about the service they received. One patient attended the practice specifically to offer us their positive feedback. Six comment cards referred to effective listening and four patients said they felt involved in their care. None of the comment cards or patients we spoke with referred to being rushed or not having enough time. One patient told us they were given a longer appointment because of their conditions. Seven comment cards referred to the reception staff as being friendly, welcoming and helpful.

There were comments received about patients being impressed with the patience and attitude of staff towards 'challenging', 'aggressive' and 'abusive' patients.

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 most patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were in line or below local and national averages. For example:

- 77% of patients said the last GP they saw was good at explaining tests and treatments compared to the Clinical Commissioning Group (CCG) average of 89% and national average of 86%.
- 75% of patients said the last GP they saw was good at involving them in decisions about their care (CCG average 86% and national average 82%)
- 79% of patients said the last nurse they saw was good at involving them in decisions about their care (CCG average 88% and national average 85%)

Findings from the 12 comment cards and feedback from the 12 patients did not align with these views. Patients said

Good

Are services caring?

that sometimes getting through on the telephone was a problem, once they saw the GPs and nurses they were satisfied with the care and treatment they received. Patients told us they felt involved in their care and had been pleased with the support, care and follow up received.

The practice had a high prevalence of patients whom English was not a first language. For example, data showed that 50% of new registrations did not have English as a first language. We spoke with four patients who said the language barrier was not a problem. One patient said staff used documents to explain treatments. We saw translated copies of documents explaining services and procedures. Posters in the practice were written in more than one language and staff explained they used online translation services should they be required.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice had a lower than national average of older patients, despite being in a town popular with retirement. For example, only 1037 of the 10,200 patients were over 65.

The younger patients were mostly university students or patients living in temporary accommodation with no caring responsibilities. This reduced the chance of them being carers. Practice staff proactively encouraged patients to register as a carer should they be identified and used carer identification and referral form to refer carers to the local carer service. The figures were lower than national average at 0.06% but the practice explained how they were trying to improve this. This included opportunistic checks. The computer system alerted GPs if a patient was also a carer. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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.

Good

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.

- Extended opening and online booking were available.
- Text reminders were used to prompt patients to attend or cancel their appointments.
- Flu clinics were offered at evening and weekend to meet the needs of working people and screening and regular bloods tests were available during extended hours.
- Telephone access to the GP or nurse was well-used and appreciated by working-age population.
- There were longer appointments available for patients who required additional time, including patients with a learning disability.
- Home visits were available for older patients and patients who had difficulties attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a passenger lift for patients to access both floors at the practice.

The practice offered a minor surgery service. Two of the GPs had skills in dermatology. There were suitable facilities and systems in place to offer this service. The GP had a system of recording, following up and auditing the safety and complications of each procedure in the patient records, although this information was not recorded in the minor surgery record which would provide an effective overview of all procedures performed and facilitate future audits.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday and open until 8.15pm on alternate Tuesday and Wednesdays. In addition to pre-bookable, urgent appointments were available for patients that needed them. These were usually accessed through the telephone triage system although children under two were seen face to face as a matter of routine.

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

- 65% of patients were satisfied with the practice's opening hours compared to the Clinical Commissioning Group (CCG) average of 78% and national average of 75%.
- 75% of patients said they could get through easily to the practice by phone (CCG average 84% and national average 73%).
- 45% of patients said they always or almost always see or speak to the GP they prefer (CCG average 69% and national average 59%).

Patients we spoke with and three of the 12 comment cards aligned with these findings. Patients told us that getting through on the telephone was their biggest frustration and that obtaining routine appointments meant often a two week wait and slightly longer if it was with a preferred GP. However, all patients said they were able to get an urgent same day appointment and speak with a GP on the same day. We spoke with practice staff who were aware of these frustrations and added that many of the complaints received related to the appointment system. The practice manager, GPs and staff explained that there had been a recent shortage of staff but that this was being addressed which should reduce this issue. Staff also explained that additional members of staff are available at peak times to answer the telephone. There was a nurse practitioner starting later in the month whom would be able to help with some nursing appointments and was expected to see and treat some patients with minor illnesses. The practice manager explained that the use of a community pharmacist was also being sourced.

Listening and learning from concerns and complaints

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

- The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- We saw that information was available to help patients understand the complaints system. For example, there were posters displayed and information on the practice website.

We looked at 14 complaints received in the last 12 months and found these had been satisfactorily handled, dealt with in a timely way with openness and transparency. Patients were sent an apology where appropriate and lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a patient had complained about the length of time it had taken for the GP to send a letter regarding a non-medical issue. The patient had been sent an apology for this communication delay and staff had been reminded to hand out an information leaflet explaining the timescales for such correspondence so patients could be informed.

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 a patient's charter which was displayed in the waiting area and a mission statement displayed within staff areas. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice vision was to 'provide high quality care to all users of our services and advocate best practice in the delivery of all services. Aim to be considerate and responsive to the needs of patients, and offer an open channel of communication to maintain standards and consistency in the level of service provided'.

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. Staff added that there was a real sense of team work which was non-hierarchical and included all staff.
- Practice specific policies were implemented, kept under review 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, capacity and capability to run the practice and ensure high quality care despite the challenging population they cared for. They prioritised 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. Health visitors based at the practice told us they were included as part of the practice team and were able to approach the GPs and nurses. Staff explained that a scheduled coffee break was provided where the team met to debrief and discuss clinical issues on a daily basis. Staff explained that this meeting had reduced stress levels and had improved relationships and communication within the practice.

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 patients 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 formal regular team meetings, daily coffee meetings and were able to meet on an ad hoc basis.
- 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 proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an

Are services well-led?

Good

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

active virtual PPG who communicated by email with the practice manager. There was also a small group who met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, one PPG member said they had made comments which were acted on immediately. The PPG members said they thought the GPs and practice manager were receptive to new ideas and responded well. The PPG member said getting new members was a struggle because of lack of interest from and transient nature of patients but added practice staff welcomed new members.

- 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 strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice work with 14 other practices in the area to share ideas and work together to deliver extended care for the local population.