Dr Gordon Thomas

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?	Outstanding
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 Dr Gordon Thomas on 7 December 2015. Overall the practice is rated as good, with outstanding care in caring services and services for older people.

Our key findings were as follows:

- Feedback from patients about their care was consistently and strongly positive.
- 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.
- Staff were knowledgeable, engaged and took pride in the services provided.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment

We saw areas of outstanding practice including:

- The practice had provided holistic care reviews to over 300 patients aged 75 and over. The reviews took place in the patients' homes and assessed the emergence of health conditions which are more common in this age group including frailty, dementia, mobility and increased social care needs. Following the assessment patients' care was reviewed or they were referred to practice, specialist and community services. The safety of patients was also assessed and patients were assisted to obtain emergency alarm systems to alert someone if they fell or became unwell and were unable to get to the telephone.

Summary of findings

- The practice was used as a community hub to promote engagement within the locality and beyond. Staff and patients took part in arts and community events, and volunteers provided a weekly book club service from the practice following the closure of the local library.
- The lead GP had provided primary care services to a local children's hospice since its conception over 10 years ago. A senior member of the hospice team told us that the GP and practice had been very supportive to both the children and staff at the hospice. They also said that the families of the children were universally positive and appreciative of the involvement of the lead GP and practice and described them as most caring. As the hospice is a charity, the lead GP and staff had removed any barriers to children with life limiting conditions receiving primary care, and their services had been made available 24 hours a day 365 days a year.

There were also areas of practice where the provider should make improvements.

- Implement a consistent system for checking that monitoring for patients, who take long term medicines on a shared care basis, has been provided before the medicines are issued.
- Expand the practice held emergency medicines to include suitable medicines for patients who experience prolonged seizures and unresponsiveness due to hypoglycaemia (low blood sugar),
- Implement and manage a consistent system for reviewing the care of patients who experience short and long term poor mental health.
- Undertake a documented risk assessment for Legionella and act on any findings.

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.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Outstanding

The practice is rated as outstanding for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for all aspects of their care.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture

Summary of findings

- The practice was an integral part of the community and staff had been involved in the provision of a community library service and events with families and children.
- We found many positive examples to demonstrate how patients' choices and preferences were valued and acted on.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice provided additional care provision for older patients, those at risk of unplanned admission to hospital.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

The practice is rated as good for being well-led

- 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 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 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

Outstanding 

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

The practice had provided holistic care reviews to over 300 patients aged 75 and over. The reviews took place in the patients' homes and assessed the emergence of health conditions which are more common in this age group including frailty, dementia, mobility and increased social care needs. Following the assessment patients' care was reviewed or they were referred to specialist services including continence services, falls assessment teams and community services. The safety of patients was also assessed and patients were assisted to obtain emergency alarm systems to alert someone if they fell or became unwell and were unable to get to the telephone.

Vaccination rates in this age group were higher than local and national averages. Those who were housebound were visited by the practice nurse and offered the vaccine at home.

People with long term conditions

Good

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

- Patients at the highest risk to hospital were identified and care plans had been implemented to meet their health and care needs.
- Emergency admissions to hospital for patients with long-term conditions were 29.4% lower than the national average.
- Performance for the diabetes related indicators was comparable with the CCG and national averages. For example, 69.3% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- Longer appointments and home visits were available when needed.

Families, children and young people

Good

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

Summary of findings

- The practice had provided services to a local children's hospice for over 10 years. The lead GP had been involved since the conception of the hospice and provided both in and out-of-hours GP support.
- Out of the 18 immunisations offered to babies and children up to the age of five, the practice performance was 100% for providing 16 of the immunisations and 96.8% in the remaining two immunisations.
- Families had been invited into the practice to take part in community events and we heard positive examples of children being dealt with in a sensitive and caring manner.
- The practice's uptake for the cervical screening programme was 81.3% which was higher than the CCG average of 79.9% and just below the national average of 81.8%.

Working age people (including those recently retired and students)

Good

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

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

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered annual health reviews and longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good

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

- 71.4% of patients with dementia had a face to face review of their condition in the last 12 months compared to the CCG average of 85.1% and national average of 84%.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 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

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 10 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 256 patients to submit their views on the practice, a total of 137 forms were returned. This gave a return rate of 53.5%.

Results from the GP national patient survey were positive about the care and treatment provided, and access to appointments, at the practice.

- 99.5% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 98.1% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 99.5% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.
- 100% had confidence in the practice nurse. This was better than the CCG and national averages of 97.1%
- 100% found receptionists helpful. This was better than the CCG average of 86.9% and national average 86.8%.
- 95.1% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 96.7% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 85% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.

A senior manager from a local hospice for child life limiting conditions told us that the lead GP from the practice had been involved with them since the conception of the service 10 years previously. They told us the practice was keen to remove any barriers to children using that service from receiving primary care and that the practice provided them with a very responsive and caring service.

Areas for improvement

Action the service SHOULD take to improve

- Implement a consistent system for checking that monitoring for patients who take long term medicines on a shared care basis has been provided before the medicines are issued.
- Expand the practice held emergency medicines to include suitable medicines for patients who experience prolonged seizures and unresponsiveness due to hypoglycaemia (low blood sugar),
- Implement and manage a consistent system for reviewing the care of patients who experience short and long term poor mental health.
- Undertake a documented risk assessment for Legionella and act on any findings.

Summary of findings

Outstanding practice

- The practice had provided holistic care reviews to over 300 patients aged 75 and over. The reviews took place in the patients' homes and assessed the emergence of health conditions which are more common in this age group including frailty, dementia, mobility and increased social care needs. Following the assessment patients' care was reviewed or they were referred to practice, specialist and community services. The safety of patients was also assessed and patients were assisted to obtain emergency alarm systems to alert someone if they fell or became unwell and were unable to get to the telephone.
- The practice was used as a community hub to promote engagement within the locality and beyond. Staff and patients took part in arts, community events and volunteers provided a weekly book club service from the practice following the closure of the local library.
- The lead GP had provided primary care services to a local children's hospice since it's conception over 10 years ago. A senior member of the hospice team told us that the GP and practice had been very supportive to both the children and staff at the hospice. They also said that the families of the children were universally positive and appreciative of the involvement of the lead GP and practice and described them as most caring. As the hospice is a charity, the lead GP and staff had removed any barriers to children with life limiting conditions receiving primary care, and their services had been made available 24 hours a day 365 days a year.

Dr Gordon Thomas

Detailed findings

Our inspection team

Our inspection team was led by:

a Care Quality Commission (CQC) lead inspector. The team also included a GP specialist advisor and an expert by experience. An expert by experience is a person who has personal experiences of using or caring for someone who uses this type of service.

Background to Dr Gordon Thomas

Dr Gordon Thomas is registered with a Care Quality Commission as an individual provider based at Trentham Mews Medical Centre. The practice holds a Primary Medical Services contract with NHS England.

The practice area is one of less deprivation when compared with the local and national averages. Life expectancy and the health of people within Stoke on Trent, whilst improving, are generally worse than the national average.

At the time of our inspection the practice was caring for 3,446 patients of which a higher proportion (34.2%) than the national average (26.5%) are aged over 65.

The practice clinical staff consist of one full time male GP and a female part time GP. An all-female nursing team consists of a practice nurse and healthcare assistant. The administrative team is led by a practice manager with five members of reception/administrative staff. An Elderly Care Facilitator provides home based assessments to older patients and is employed directly by the practice on a part time basis.

The practice has opted out of providing cover to patients in the out-of-hours period. During this time services are provided by Staffordshire Doctors Urgent Care, patients access this service by calling NHS 111. The lead GP does provide out-of-hours cover to a local children's hospice, from which patients with primary care health needs are registered as temporary residents within this practice.

The practice is open from 8:30am to 6pm on Tuesday, Wednesday and Friday, from 8am to 5pm on a Thursday and 8:30am to 8:15pm on a Monday. The practice reception desk closes each day from 1pm to 1:30pm, although the telephone lines remain open. During all other times the reception desk and telephone lines are always staffed. Patients can book appointments in person, by telephone or online for those who have registered for this service.

Why we carried out this inspection

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

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?

Detailed findings

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

We also looked at how well services are provided for specific groups of people and what good care looks 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)

Before our inspection we reviewed the information we held about the practice. We also reviewed intelligence including nationally published data from sources including Public Health England and the national GP Patient Survey.

During the inspection we spoke with members of staff including GPs, the practice nursing team, Elderly Care Facilitator, the practice manger and administrative staff. We contacted a local hospice for children with life limiting conditions to discuss the care the practice provides to children that use that service.

We gathered feedback from patients by speaking with directly and considering their views on comment cards left in the practice for two weeks before the inspection.

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 of any incidents and there was a recording form available on the practice's computer system.
- 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, following a GP discovering a small number of specimens had not been sent to a laboratory for testing a significant event was recorded. The occurrence was discussed at a practice meeting and a new procedure introduced. This would minimise a similar event occurring again. The patients involved were contacted and issued with an explanation and apology.

A culture to encourage duty of candour was evident through the significant event reporting process. Duty of Candour is a legislative requirement for providers of health and social care services to set out some specific requirements that must be followed when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.

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 the risk of abuse. The practice had policies in place for safeguarding for both children and vulnerable adults that were available to all staff on the practice computer system. The staff we spoke with knew their individual responsibility to raise any concerns they had and were aware of the appropriate process to do this. All staff had received role appropriate training to nationally recognised standards, for example GPs had attended level three training in Safeguarding Children. The lead GP was identified as the safeguarding lead within the practice and demonstrated they had the oversight of patients, knowledge and experience to fulfil this role.
- Chaperones were available when needed, all staff who acted as chaperones had received training, had a disclosure and barring services (DBS) check and knew their responsibilities when performing chaperone duties. A chaperone is a person who acts as a safeguard and witness for a patient and health care professional during a medical examination or procedure. The availability of chaperones was displayed in the practice waiting room.
- The practice maintained appropriate standards of cleanliness of hygiene; we observed the practice to be clean and tidy. The practice nurse and healthcare assistant demonstrated they kept up to date with current infection control and prevention practice and reflected this within the practice environment. Annual audits of infection prevention and control and prevention were undertaken and when necessary changes to practice were made to reflect national recognised good practice. The practice had oversight of staff immunity to vaccine preventable illnesses to minimise risks from such illnesses to staff, patients and visitors.
- The practice followed their own procedures, which reflected nationally recognised guidance and legislative requirements for the storage of medicines. This included a number of regular checks to ensure medicines were fit for use. The practice nurse used Patient Group Directions to allow them to administer medicines in line with legislation. The healthcare assistant had undertaken additional training to allow them to administer two types of vaccines and was aware that this would be under a Patient Specific Direction whilst a nurse or GP were on the premises. Blank prescription pads were stored securely, although their issue was not tracked through the practice. We discussed this with the practice manager who implemented a tracking system before the end of the inspection.
- The practice had taken steps to ensure that patients received regular medicines reviews, to ensure that the medicines taken were safe and effective. We saw that patients who took medicines that required close monitoring for side effects had their care and treatment

shared between the practice and hospital. The hospital organised assessment and monitoring of the condition and the practice prescribed the medicines required.The system for ensuring patients had received the necessary monitoring before prescribing of the medicine differed between clinicians. Whilst we saw no evidence of any incidence of unsafe care or treatment for patients who took these medicines there was a possibility that patients may still receive the medicine even if they had not received the required monitoring, for example if a patient missed a blood test at the hospital.

- 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.

Monitoring risks to patients

The practice had trained staff, and had a number of policies and procedures in place, to deal with environmental factors, occurrences or events that may affect patient or staff safety.

- 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.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs.
- Regular infection control audits were held and staff were immunised against vaccine preventable illnesses.

We saw one example of risk that had not been assessed:

- The practice had not undertaken a formal risk assessment for minimising the risk of Legionella (Legionella is a bacterium which can contaminate water systems in buildings).

Arrangements to deal with emergencies and major incidents

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

- All staff had received recent annual update training in basic life support.
- The practice had emergency equipment which included an automated external automated defibrillator (AED), (which provides an electric shock to stabilise a life threatening heart rhythm), oxygen and pulse oximeters (to measure the level of oxygen in a patient's bloodstream).
- Emergency medicines were held to treat a range of sudden illness that may occur within a general practice. All medicines were in date, stored securely and those to treat a sudden allergic reaction were available in every clinical room. We saw that the practice did not have medicines available to treat a person who had a sudden drop in blood sugar (hypoglycaemia) or an episode of prolonged convulsion (fitting).
- An up to date business continuity plan detailed the practice response to unplanned events such as loss of power or water system failure.

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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs.
- The staff we spoke with demonstrated a thorough knowledge of guidelines and care pathways relevant to the care they provided.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality 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). QOF results from 2014/15 showed:

- The practice achieved 88.7% of the total number of points available; this was below the national average of 93.5% and clinical commissioning group (CCG) average of 95%. This performance had improved from the 2013/14 performance of 76.5%.
- Clinical exception reporting was 5.3%. This was better than the national average of 9.2% and CCG average of 9%. Clinical exception rates allow practices not be penalised, where, for example, patients do not attend for a review, or where a medicine cannot be prescribed due to side effects. Generally lower rates indicate more patients have received the treatment or medicine.
- Performance for the diabetes related indicators was comparable with the CCG and national averages. For example, 69.3% of patients with diabetes had received a recent blood test to indicate their longer term diabetic control was below the highest accepted level, compared with the CCG average of 75.1% and national average of 77.5%.
- 73.2% of patients with asthma had a review of their condition within the previous year. This was comparable to the CCG average of 75.2% and national average of 75.3%.
- 71.4% of patients with dementia had a face to face review of their condition in the last 12 months compared to the CCG average of 85.1% and national average of 84%. There had been no clinical exceptions reported in this outcome.

The practice did have two areas of performance in QOF that were significantly worse than local and national averages.

- 57.1% of patients with severe poor mental health had a comprehensive care plan completed within the previous 12 months. This was worse than the CCG average of 86.3% and national average of 88.3%. Of note the practice had not recorded any clinical exceptions; the CCG clinical exception rate was 9.6% and national clinical exception rate 12.6%.
- Review rates for patients identified with depression were worse than average. Sixty-four point three percent of patients had received a review of their symptoms within 10 to 56 days of their initial diagnosis. This was worse than the CCG average of 79.1% and national average of 84.5%. Clinical exception reporting of 17.6% in this outcome was lower than the CCG average of 30.7% and national average of 24.5%.

We spoke with a GP about this performance. They told us reviews were done opportunistically and performance had improved from the previous year. We saw examples of care provided to patients within this demographic and saw that it was in line with national recognised standards.

Patients with a learning disability were offered an annual health check to detect emerging health issues such as thyroid, visual and hearing issues. The 2015/16 practice performance was that 50% of patients had received a health check. The practice aimed to improve this performance in the new year after the flu vaccination campaign.

The practice participated a number of schemes designed to improve care and outcomes for patients:

- The Quality Improvement Framework (QIF) is a local programme with the CCG area to improve the detection and management of long-term conditions.

Good

Are services effective?

(for example, treatment is effective)

- The practice was successful in securing funding under a Local Improvement Scheme (LIS) to provide an Elderly Care Facilitator (ECF) to proactively promote and review the care and treatment needs of older patients at the practice. The practice contacted patients aged 70 -79 and invited them to complete an assessment questionnaire from which any identified concerns or actions were followed up. Patients aged 80 years and over were offered a home visit and were provided with a holistic assessment including frailty, dementia screening, mobility and health promotion needs such as alcohol consumption and immunisation uptake. The safety of patients was also assessed and patients were assisted to obtain emergency alarm systems to alert someone if they fell or became unwell and were unable to get to the telephone. Since conception in December 2014 the ECF had assessed over 300 patients. We saw clear examples of patients receiving high quality holistic care including patients being referred to specialist services including falls assessment teams, continence advisors and chiropodists. As a result a number of patients had been included in the practice register for high risk of unplanned admission to hospital and undetected conditions such as atrial fibrillation (irregular heart rhythm) and high blood pressure had been identified.
- The practice identified patients at the highest risk of unplanned admission to hospital and provided them with individual care plans to detail and help meet their care and treatment needs. The practice had previously been commissioned to provide this service to 3% of their patients, although this had changed to 2% in September 2015. The practice had continued to provide this higher level of support to patients in this group and at the time of inspection had 3.15% of patients included.

The practice performance for unplanned admissions to hospital was better than local and national averages. Data from the Health and Social Care Information Centre (HSCIC) from 2013/14 showed that:

- Emergency admissions to hospital for patients with long-term conditions were 29.4% lower than the national average.
- Emergency admissions to hospital for patients with conditions where effective management and treatment may have prevented admission were 50.8% lower than the national average.
- In both outcomes the practice had the best achievement of the 48 practices in the CCG area.

There had been three clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored. The audits included that the results from cervical smears had been recorded and followed up appropriately and two related to the appropriateness of medicines for certain conditions. Where necessary audits had been discussed by the practice team and changes made as appropriate.

The practice followed local and national guidance for referral of patients with symptoms that may be suggestive of cancer. Data from NHS England in 2014 showed:

- 64.7% of practice patients with a new diagnosis of cancer had been received their diagnosis via a fast tracked referral pathway (two week wait). This was better than the CCG average of 51.3% and national average of 48.8%.

Ante-natal care by community midwifes was provided at the practice via an appointment basis.

Effective staffing

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

- GPs had additional training in minor surgery, female health and the implantation of contraceptive devices to provide additional services on site.
- The nursing team co-ordinated the review of patients with long-term conditions and provided health promotion measures in house.
- The GPs had strong academic roots with a local university to teach and support medical students in their path to become qualified doctors.
- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.

Good

Are services effective?

(for example, treatment is effective)

- All staff felt supported to develop and had received at least annual appraisals. For example, the practice healthcare assistant had received additional training to provide a number of immunisations.
- The staff we spoke with were engaged, confident and knew their individual responsibilities.

Coordinating patient care and information sharing

The practice had a system for receiving information about patients' care and treatment from other agencies such as hospitals, out-of-hours services and community services. Staff were aware of their own responsibilities for processing, recording and acting on any information received. We saw that the practice was up to date in the handling of information such as discharge letters and blood test results.

A number of information processes operated to ensure information about patients' care and treatment was shared appropriately:

- The lead GP met on a weekly basis with the Elderly Care Facilitator to discuss any actions required following patients' assessment. Outcomes and follow up was coordinated by a dedicated member of practice staff, who demonstrated a sound understanding and robust oversight of the care provision.
- The practice team met on a regular basis with other professionals, including palliative care and community nurses, to discuss the care and treatment needs of patients approaching the end of their life and those at increased risk of unplanned admission to hospital.

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.
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.
- Important issues surrounding decisions on when patients decided or when to receive or not receive treatment were discussed and recorded to nationally accepted standards. For example, we saw when patients' had decided not to receive resuscitation, the decision had been discussed, recorded and where appropriate those close to them had been involved in all stages of the process.

Health promotion and prevention

Practice staff identified patients who may be in need of extra support and provided advice when appropriate. Patients who may benefit from specialist services were referred according to their needs.

- Older patients were offered a comprehensive assessment at home by an Elderly Care Facilitator. Any concerns were discussed with a GP and were followed up. For example, patients found to have an irregular pulse, were invited to the practice for an electrocardiogram (ECG) and appointment with a GP. In the previous year, 14 patients had been identified with hypertension (high blood pressure) and/or atrial fibrillation (irregular heart rhythm) following the assessments. Identification of these conditions can lead to improved condition monitoring and reduced the risks of associated health issues such as stroke.
- Patients aged 40 – 74 years of age were invited to attend a NHS Health Check with the practice healthcare assistant. Any concerns were followed up in a consultation with a GP.

Data from QOF in 2014/15 showed that the practice had identified 20.09% of patients with hypertension (high blood pressure). This was higher than the CCG average of 17.03% and national average of 14.06%.

The practice's uptake for the cervical screening programme was 81.3% which was higher than the CCG average of 79.9% and just below the national average of 81.8%. The clinical exception reporting rate was better than local and national averages. Three point four per cent of patients had been reported as a clinical exception (meaning they had not attended following invitations for screening) compared to the CCG average of 5.7% and national average of 6.3%. The practice nurse audited their individual performance, two previous audits demonstrated that there had been no inadequate samples and all results had been recorded and acted on accordingly.

Good

Are services effective?

(for example, treatment is effective)

Data from 2014, published by Public Health England showed that the number of patients who engaged with national screening programmes was higher than local and national averages.

- 81.7% of eligible females aged 50-70 attended screening to detect breast cancer .This was higher than the CCG average of 74.6% and national average of 72.2%.
- 66.4% of eligible patients aged 60-69 were screened for symptoms that could be suggestive of bowel cancer. This was higher than the CCG average of 55.1% and national average of 58.3%.

The practice provided childhood immunisations and rates were better than CCG and national averages. Out of the 18 immunisations offered to babies and children up to the age of five, the practice performance was 100% for providing 16 of the immunisations and 96.8% in the remaining two immunisations.

Vaccination rates for uptake of the seasonal flu vaccination were positive, in the latest vaccination programme and as of the end of November 2015 data showed:

- 75.9% of patients aged 65 or over had received the vaccinations. This was better than the CCG average of 68.8%.
- 48.8% of patients under 65 who had a health condition that placed them in the 'at risk' group had received the vaccination. This was better than the CCG average of 40.2%.
- 41.7% of pregnant women had received the flu vaccination. This was better than the CCG average of 37.5%.
- The provision of the seasonal flu vaccination to children aged two, three and four was better than the CCG average.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed that staff were engaged, compassionate and helpful to patients and treated them with dignity and respect.

- Clinicians opted to use a personal method of entering the waiting area to call patients and escorted them to the clinical rooms.
- Chaperones were available and consulting rooms had appropriate measures to maintain patients' privacy and dignity during examinations, investigations and treatments.

The practice was an integral part of the wider community. As well as providing care and treatment, practice staff had been involved in a number of community projects to help the local community.

- Following the recent closure of the community library the practice had purchased book cabinets and allowed community volunteers to use the conservatory of the practice on a weekly basis to enable a community run library service to continue. Staff told us they saw this as a valuable way of integrating the practice into the community and engaging patients.
- The practice was a base for two charities. One being the Kabanda Trust which provided free health care to over 500 children in Uganda, the other being Arts for Health. Whilst these were not directly part of the practice, patients had been engaged to become involved with the charities. We saw and heard examples of patients who had experienced poor mental health, strokes and loneliness had improved their lives through art, fundraising and involvement in the charity work.
- Families had been invited to attend the practice to make lanterns with practice staff to take part in a community lantern parade.

We reviewed the most recent data available for the practice on patient satisfaction. This included comments made to us from patients and information from the national GP patient survey published in July 2015. The survey invited 256 patients to submit their views on the practice, a total of 137 forms were returned. This gave a return rate of 53.5%.

The results from the GP national patient survey showed patients were highly satisfied with how they were treated. In every indicator in the GP national patient survey the practice had satisfaction rates higher than both local and national averages. For example;

- 99.5% described their overall experience of the GP practice as good. This was better than the clinical commissioning group (CCG) average of 86.5% and national average of 84.8%.
- 98.1% said the GP was good at treating them with care or concern compared to the CCG average of 85.3% and national average of 85.1%.
- 99.5% had confidence in the last GP they saw or spoke with compared to the CCG average of 94.9% and national average of 95.2%.

Results for how patients felt about their interactions with the practice nurses and receptionists were significantly better than local and national averages. For example:

- 99.6% said the practice nurse was good at listening to them. This was better than the CCG average of 92.6% and national average of 91%.
- 100% had confidence in the practice nurse. This was better than the CCG and national averages of 97.1%
- 100% found receptionists helpful. This was better than the CCG average of 86.9% and national average 86.8%.

Of particular note in the findings from the GP national patient survey was the proportion of patients who felt they had received care, treatment or interaction that was poor. In the 12 outcomes to rate good and poor interactions, the practice had no patients feeling their interaction had been poor in 10 of the outcomes. In the two outcomes where patients had indicated their interaction had been poor the rates were still over six and ten times lower than the local and national dissatisfaction levels.

We spoke with nine patients and invited patients to complete Care Quality Commission (CQC) comment cards to tell us what they thought about the practice. We received 10 completed cards which were all positive about the caring and compassionate nature of staff. All of the patients we spoke with told us they were treated with care dignity, respect and understanding.

Outstanding ☆

Are services caring?

Care planning and involvement in decisions about care and treatment

The GP patient survey information we reviewed showed a positive patient response to questions about their involvement in planning and making decisions about their care and treatment with GPs. The GP patient survey published in July 2015 showed;

- 94.9% said the last GP they saw was good at involving them about decisions about their care compared to the CCG average of 81.2% and national average of 81.4%.
- 98.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.3% and national average of 86%.
- 94.2% said the last nurse they saw was good at involving them about decisions about their care compared to the CCG average of 86.8% and national average of 84.8%.
- 99.2% said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90.3% and national average of 89.6%.

There were no responses that gave an answer of poor in these outcomes. Local and national averages stating a response of poor were up to 13%.

All of the comments we received from patients were positive about their own involvement in their care and treatment.

Patient/carer support to cope emotionally with care and treatment

Patients and carers gave positive accounts of when they had received support to cope with care and treatment. We heard a number of positive experiences about the support and compassion they received. For example, a patient told us about an occasion when they had been taken unwell whilst in the practice. The patient had two young children with them and detailed the caring way in which practice staff had comforted their children whilst the GP treated them.

The practice recorded information about carers and subject to a patient's agreement a carer could receive information and discuss issues with staff.

If a patient experienced bereavement, practice staff told us that they were supported by a GP with access and signposting to other services as necessary.

Written information was provided to help carers and patients to access support services. This included organisations for poor mental health and advocacy services.

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.

- The practice had provided services to a local children's hospice for over 10 years. The lead GP had been involved since the conception of the service and provided both in and out-of-hours GP support to the hospice. As the hospice accepted children with life limiting conditions from across the region, the practice registered patients on a temporary basis to allow their primary care needs to be met. Many of the children had complex health needs. The lead GP had invested time over the past 10 years and had been successful with two other GPs in securing consultant level support to discuss the health needs of the young patients. We spoke with a senior member of the hospice who told us that the lead GP had been pivotal in providing support to the hospice patients and staff.
- Over three percent of patients had been identified as being at increased risk of unplanned admission to hospital. Patients had a comprehensive care plan in place which was reviewed on a regular basis. If patients in this group were admitted to hospital, a GP reviewed their care on discharge from hospital.
- Home visits, including vaccinations were provided to older patients and patients who would benefit from these.
- The practice offered evening appointments until 8:15pm on a Monday to benefit those with work commitments.
- Access to the practice was via a single level, corridors and doorways were wide to promote access for those with mobility issues.

Data from 2014/15 showed that the number of patients who attended Accident and Emergency departments was 41.7% lower than the national average.

Access to the service

The practice was open from 8:30am to 6pm on Tuesday, Wednesday and Friday, from 8am to 5pm on a Thursday and 8:30am to 8:15pm on a Monday. The practice reception desk closed each day from 1pm to 1:30pm, although the telephone lines remained open. During all other times the reception desk and telephone lines were always staffed.

Patients could book appointments in person, by telephone or online for those who had registered for this service. The practice advertised the daily availability of telephone consultations each morning. Patients we spoke with told us they had been able to access an appointment on the same day, we saw that there were bookable appointments available with both GPs within the next two working days.

We received feedback on appointments from 19 patients. All were happy with contacting the practice, availability and the timeliness of appointments.

Results from the national GP patient survey published in July 2015 showed higher rates of satisfaction when compared to local and national averages.

- 95.1% of patients found it easy to contact the practice by telephone compared to the CCG average of 75.7% and national average of 73.3%.
- 96.7% of patients said the last appointment they made was convenient compared to the CCG average of 92.4% and national average of 91.8%.
- 85% of patients felt they did not have to wait too long to be seen compared to the CCG average of 61.3% and national average of 57.7%.
- 94.4% of patients were satisfied with the practice's opening hours compared to the CCG average of 78.7% and national average of 73.8%.
- 99.2% of patients were able to secure an appointment the last time they tried compared to the CCG average of 86.1% and national average of 85.2%.

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice.

Information was available to help patients understand the complaints system and the complaints process was displayed on notice boards and in the practice booklet. Patients we spoke with were aware of the process to follow if they wished to make a complaint.

The practice had received two complaints in the last 12 months. We tracked both complaints and saw they had been acknowledged, investigated and responded to in line with the practice complaints policy. There were no trends to the complaints received. Complaints were discussed

Good

Are services responsive to people's needs?

(for example, to feedback?)

individually with staff and at practice meetings. Learning from complaints was evident and when appropriate the practice issued an apology and explained how systems had been changed to limit the risk of reoccurrence.

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 did not have a formalised mission statement, although the staff we spoke with gave us their individual aims. All of the staff we spoke with placed high quality individualised care of patients at the heart of their work.

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
- Practice specific policies were implemented and were available to all staff
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions

Leadership and culture

The leadership team within the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The lead GP and practice manager were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice.

Practice seeks and acts on feedback from its patients, the public and staff

The practice did not have a formalised patient participation group (PPG). Staff told us they had previously attempted to introduce a PPG without success. The practice planned to introduce a virtual PPG; we saw records that demonstrated work was ongoing. Whilst there was not a formalised PPG, we saw examples within practice meeting minutes that patients felt empowered to raise any issues with practice staff and had done so.

The practice used their performance within the NHS Friends and Family Test to gather feedback from patients and benchmarked their performance within the GP national patient survey at practice meetings.

- All outcomes within the most recent GP national patient survey were better than local and national averages. Responses from patients that gave a negative response were significantly lower than local and national averages.
- Results from the NHS Friends and Family Test were positive. We reviewed the results from the previous three months and saw that out of 37 responses received, 27 were extremely likely to recommend the practice and 10 likely.
- The practice had gathered feedback from staff through informal discussion and staff meetings. We saw examples of improvements suggested within practice meetings. For example, the process of tasking a telephone consultation to a GP was changed following a

Are services well-led?

Good

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

staff member identifying that the process was not consistent and may lead to a delay. The new process was discussed at a practice meeting and implemented straight away.

Management lead through learning and improvement

The staff we spoke with told us they felt supported to develop professionally and all had received recent appraisals. For example, the practice healthcare assistant had been supported to complete training in administering flu vaccinations and was planned to attend an ear syringing course.

The practice had formerly been a teaching practice with links to a local medical school. During the most recent year a medical student had not been attached to the practice due to practice staffing changes, although with the recruitment of a permanent salaried GP the practice planned to continue with their teaching work.