Park Road and Old Dean Surgeries

Quality Report

Park Road Surgery
The Surgery
143 Park Road
Camberley
Surrey
GU15 2NN
Tel: 01276670056
Website: www.parkroadsurgery.co.uk

Date of inspection visit: 23 June 2016
Date of publication: 12/08/2016

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Park Road and Old Dean Surgeries on 23 June 2016. Overall the practice is rated as Outstanding.

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

- Outcomes for patients who use services were consistently very good. Nationally reported Quality and Outcomes Framework (QOF) data, for 2014/15, showed the practice had performed very well in obtaining 97% of the total points available to them for providing recommended care and treatment to patients.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- The practice engaged effectively with local community groups and charities to improve community services and patient access, working with local groups around long term conditions and community wider issues.
- Risks to patients were assessed and well managed.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice:

- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets those needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs.
- There was a strong ethos within the practice for community development and engagement. The practice had arranged local talks for their patients and those living in the vicinity. For example, the practice had held sessions on understanding dementia and 'how to look after your heart' both events had been well attended with over 100 people attending. The practice had also held an afternoon tea party for patients that may be considered vulnerable or isolated and was planning to build on the success of this event by staging more. They also supported the local Alzheimer's café and the local 'safehaven' and had given talks about access to services.
- The practice had informative care plans for vulnerable patients which were accessible to other agencies, including out of hours and ambulances services. These provided up to date and necessary information to ensure that patients choice of care was taken into account and informed these services of the route of care a patient required and had requested. This had reduced the number of patients attending hospital.
- Emergency appointments for children under five were seen within three hours of calling the practice and the practice had dedicated appointment slots available. This had reduced the number of young patients attending A&E.
- The GPs meet on a daily bases to discuss referrals for patients. This ensured shared learning for the appropriate ongoing support for patients. The practice recorded and reviewed referrals discussed at these meetings. The practice could evidence a positive decrease in unnecessary referrals showing that patients care was managed by effective different methods instead.
- The practice had translated key information and health procedures for those patients who did not have English as a first language. One of the nurses was able to use Makaton for patients with learning disabilities who used this communication method. (Makaton uses signs, symbols and speech to help people communicate) Pictorial information of procedures were also available to help patients with communication difficulties.
- Language specific information had also been sent to invite patients to attend the practice for immunisations. The practice had seen a rise in their immunisations figures from 75% to over 90% since starting this process.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice had introduced the role of a patient care co-ordinator to support the practice's vulnerable patients. This included patients over 75 years, patients considered vulnerable, patients within nursing homes, and those on the avoiding unplanned admissions register. The role involved liaising with the integrated community team and other service providers to ensure care packages were in place for these patients and also for patients post discharge from hospital. It also provided a single point of contact within the practice for patients, their relatives and other service providers.

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 things went wrong patients received reasonable support, truthful information, and a 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.
- Information about safety was highly valued and was used to promote learning and improvement. All staff were encouraged to be open and transparent and fully committed to reporting incidents. Incident reporting was thorough and analysis of incidents gave a robust picture of safety.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. The practice used these guidelines to positively influence and improve practice and outcomes for patients.
- The practice worked closely with the Integrated Care Team (ICT) to support patients who had health or social care needs and worked together to reduce unplanned hospital admissions.
- All salaried GPs had a mentor which was a GP partner. This ensured that all the salaried GPs were supported within the practice and could refer to their mentor for advice and continued learning.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.

Summary of findings

- 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. For example, 96% of patients who responded said they had confidence and trust in the last GP they saw which was the same as the clinical commissioning group (CCG and national average of 95%. Ninety-Seven % of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice was involved in working and helping local charities. For example, all the practice staff had participated in raising awareness and money for a breast cancer charity.
- The practice engaged with the community by helping to arrange local talks. There was a strong ethos within the practice for community development and engagement work. The practice had arranged local events for their patients and those people living in the vicinity. For example, the practice had held talks on understanding dementia and 'how to look after your heart' both had been well attended with over 100 people attending.
- The practice had held an afternoon tea party for patients that may be considered vulnerable or isolated and was planning to build on the success of this event by staging more.
- The practice supported the local Alzheimer's café and the local 'safehaven' and had given talks about how to access GP and voluntary services.

Summary of findings

- The practice's managers were trained as "Dementia Friendly" staff and the practice aimed to become a dementia friendly organisation by the end of 2016.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- 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.
- Patients could access appointments and services in a way and at a time that suited them. The practice was open from 8am to 8pm every weekday. Early morning appointments from 7.30am were able two days a week on Tuesdays and Thursdays. Every other Saturday morning appointments were available.
- Appointments for children under five were seen within three hours of calling the practice. This had reduced the number of young patients attending A&E.
- The practice had translated key information and health procedures for those patients who did not have English as a first language. One of the nurses was able to use Makaton for patients with learning disabilities who used this communication method. Pictorial information of procedures were also available to help patients with communication difficulties.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, by introducing the role of a full time patient care co-ordinator to support the practice's vulnerable patients. The care co-ordinator also provided a single point of contact within the practice for patients, their relatives and other service providers.
- There were robust arrangements for providing necessary patient information to out of hour's providers and with the

Summary of findings

ambulance service. The practice had adapted templates within the computer system to provide information for patients preferred or required route of care. This had reduced the number of patients attending hospital.

- The GPs meet on a daily bases to discuss referrals for patients. This ensured shared learning for the appropriate ongoing support for patients. The practice recorded and audited referrals discussed at these meetings and could evidence a positive decrease in unnecessary referrals.

Are services well-led?

Outstanding ☆

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

- There was a high level of staff satisfaction and staff were proud to work at the practice. Staff were encouraged, and given opportunities, to contribute to the future development of the practice.
- There was a clear leadership structure in place and staff felt supported by management. We saw the practice strived for continuous improvement.
- There was a proactive approach to seeking out and embedding new ways of providing care and treatment. For example, by enabling staff to make contributions to patient care and recognising personal skills which could support patients.
- 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 it.
- 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 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.

Summary of findings

- The practice had a systematic approach to working with other organisations to improve care, outcomes and tackle health inequalities for patients. For example, by recognising different patient cultures, community engagement and supporting local voluntary organisations.
- 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 offered proactive, personalised care to meet the needs of the older people in its population. Older patients with complex care needs and those at risk of hospital admission all had personalised care plans that were shared with local organisations to facilitate the continuity of care.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice employed a full time dedicated care coordinator who oversees the care of patients aged over 75. The care co-ordinator worked closely with the Integrated Care Team, and was a vital link between the patient, the family and the multi-disciplinary team (MDT).
- The practice looked after patients at several care and residential homes. Designated GPs visited daily and were in consultation to agree weekly ward rounds. All these patients had a full comprehensive care plan upon admission which highlighted any additional concerns or equipment that may be needed. We also saw these were regularly reviewed and annually updated.
- The practice ensured that appointments were available throughout the day to accommodate those patients who relied on alternative transportation.
- The practice had organised a dementia workshop which had raised awareness of support available.
- The practice had hosted a Sunday afternoon tea get together for its vulnerable and older patients at risk of isolation and plans were in place for this to be hosted again.
- The practice ran in house clinics for enhanced services so that patients did not need to attend hospital appointments. For example, leg ulcer dressings, warfarin (INR) monitoring and audiology.

People with long term conditions

Outstanding ☆

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

Summary of findings

- Nursing staff had lead roles in chronic disease management and had a wide range of expertise. For example, diabetes, respiratory and two nurses were trained in Macmillan cancer care.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. Patients were invited for an annual review of their condition by letter or text.
- The practice had reviewed patient access and appointments with specialist practice nurses were available throughout the day from 7.30am to 8pm.
- Patients were supported to help self manage their long term condition by using agreed plans of care and were encouraged to attend self-help groups.
- Information packs were given out to patients who had been newly diagnosed with diabetes, including translated copies for other languages to help patients understand their condition.
- Performance for diabetes related indicators was comparable with the local clinical commissioning group (CCG) and national averages. For example, 80% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was the same as the national average of 80% and the clinical commissioning group (CCG) average of 81%.
- 91% of patients with chronic obstructive pulmonary disease (COPD) had a review undertaken including an assessment of breathlessness, which was slightly above the national average 90%

Families, children and young people

Outstanding ☆

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Practice staff had received safeguarding training relevant to their role and knew how to respond if they suspected abuse. Safeguarding policies and procedures were readily available to staff.

Summary of findings

- The practice was able to arrange support for younger patients by referrals to a youth counsellor who was based at the practice.
- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Appointments for children under five were seen within three hours of calling the practice. This had reduced the number of young patients attending A&E.
- The number of women aged between 25 and 64 who attended cervical screening in 2014/2015 was 81% which was comparable to the clinical commissioning group (CCG) and national average of 82%
- The practice promoted cancer screening by opportunistic health promotion.
- The practice had a variety of self help leaflets and information. This included information targeted to parents of young children and a young person's guide – a leaflet providing information about how to access services at the practice and the local area.
- The practice offered family planning and routine contraception services including implant/coil insertion.

Working age people (including those recently retired and students)

Outstanding ☆

The practice is rated as outstanding 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 was open from 8am to 8pm every weekday. Early morning appointments from 7.30am were able two days a week on Tuesdays and Thursdays. Every other Saturday morning appointments were available.

Summary of findings

- The practice offered advice by telephone each day for those patients who had difficulty in attending the practice and there were daily evening emergency appointments available.
- Patients were able to access their repeat prescription online and were able to have this collected by a pharmacy of their choice, which could be closer to their place of work if required.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- The practice offered in-house enhanced service for patients which reduced the need to be seen at a hospital. For example, 24 hour blood pressure and minor operations.
- Appointments for family planning and routine contraception services were available throughout the day.

People whose circumstances may make them vulnerable

Outstanding ☆

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability. The practice engaged with homeless people who were based locally. They could register at the practice and were signposted to the relevant services available.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had translated key information and health procedures (such as blood pressure tests) for those patients who did not have English as a first language.
- Information packs were given out to patients who had been newly diagnosed with diabetes including translated copies for other languages to help understand their condition.
- Patients with learning disabilities were supported through individual health checks along with literature available in Makaton explaining some procedures. For example, blood tests and what to do in an emergency.

Summary of findings

People experiencing poor mental health (including people with dementia)

Outstanding ☆

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

- 93% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented, in the last 12 months which was higher than the national average of 88%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs including patients suffering from dementia and held specific instruction of patient's needs. For example, who to contact in a crisis.
- The practice ensured that ambulance and out of hours, services had up to date information in relation to patient care. For example, South East Coast Ambulance Service (SECAM) were given information on those patients that could be supported by the practice if experiencing poor mental health rather than taking the patient to A&E.
- The practice tried to ensure that those patients who failed to attend appointments or turned up late due to poor mental health were seen opportunistically.
- Patients experiencing poor mental health were given routine weekly appointments with the same GP to help provide continuity of care.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations. The practiced worked closely with local services including the Alzheimer's café.
- The practice carried out advance care planning for patients with dementia.
- 84% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84% and the clinical commissioning group (CCG) average of 87%.
- The practice's managers were trained as "Dementia Friendly" staff and the practice aimed to become a dementia friendly organisation by 2017.
- The practice ran a patient event in the summer of 2015 on understanding dementia with over 100 patients attending.

Summary of findings

What people who use the service say

The national GP patient survey results were published on January 2016. The results showed the practice was performing in line or above local and national averages. 243 survey forms were distributed and 104 were returned. This represented less than 1% of the practice's patient list.

- 92% of patients who responded found it easy to get through to this practice by phone compared to the national average of 73% and the clinical commissioning group (CCG) average of 83%.
- 83% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 84%.
- 94% of patients who responded described the overall experience of this GP practice as good compared to the national average of 85% and the CCG average of 92%.
- 90% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and the CCG average of 90%.

As part of our inspection, we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients described the GPs and nurses as caring, professional and told us that they were listened to. Comments written by patients included that they felt respected and that staff were friendly, showed empathy, were sympathetic and professional.

We spoke with five patients during the inspection. All five patients said they were extremely satisfied with the care they received and thought staff were approachable, committed and caring. One patient told us how the GPs always went one step further to help and support their family.

A Friends and Family Test suggestion box was available within the reception area. April 2016 data showed that 500 patients had responded, with 94% of patients who responded recommending the practice.

Outstanding practice

- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that meets those needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs.
- There was a strong ethos within the practice for community development and engagement. The practice had arranged local talks for their patients and those living in the vicinity. For example, the practice had held sessions on understanding dementia and 'how to look after your heart' both events had been well attended with over 100 people attending. The practice had also held an afternoon tea party for patients that may be considered vulnerable or isolated and was planning to build on the success of this event by staging more. They also supported the local Alzheimer's café and the local 'safehaven' and had given talks about access to services.
- The practice had informative care plans for vulnerable patients which were accessible to other agencies, including out of hours and ambulances services. These provided up to date and necessary information to ensure that patients choice of care was taken into account and informed these services of the route of care a patient required and had requested. This had reduced the number of patients attending hospital.
- Emergency appointments for children under five were seen within three hours of calling the practice and the practice had dedicated appointment slots available. This had reduced the number of young patients attending A&E.
- The GPs meet on a daily bases to discuss referrals for patients. This ensured shared learning for the appropriate ongoing support for patients. The practice recorded and reviewed referrals discussed at these

meetings. The practice could evidence a positive decrease in unnecessary referrals showing that patients care was managed by effective different methods instead.

- The practice had translated key information and health procedures for those patients who did not have English as a first language. One of the nurses was able to use Makaton for patients with learning disabilities who used this communication method. (Makaton uses signs, symbols and speech to help people communicate) Pictorial information of procedures were also available to help patients with communication difficulties.
- Language specific information had also been sent to invite patients to attend the practice for immunisations. The practice had seen a rise in their immunisations figures from 75% to over 90% since starting this process.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice had introduced the role of a patient care co-ordinator to support the practice's vulnerable patients. This included patients over 75 years, patients considered vulnerable, patients within nursing homes, and those on the avoiding unplanned admissions register. The role involved liaising with the integrated community team and other service providers to ensure care packages were in place for these patients and also for patients post discharge from hospital. It also provided a single point of contact within the practice for patients, their relatives and other service providers.

Park Road and Old Dean Surgeries

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Park Road and Old Dean Surgeries

Park Road and Old Dean Surgeries offers personal medical services to the population of Camberley, Surrey and the surrounding area. There are approximately 14,000 registered patients. Park Road and Old Dean Surgeries has two sites. The main site is Park Road Surgery and there is a branch surgery, Old Dean Surgery. We did not visit Old Dean Surgery as part of this comprehensive inspection.

Park Road Surgery is a large purpose built building which has a first floor. The ground floor has full disabled entrance access with a large seated reception area. The GP consulting rooms and treatment rooms are all located on the ground floor. The first floor has access by stairs or lift, where staff offices and facilities are located. There is a toilet for people with disabilities on the ground floor, which has baby changing facilities.

Park Road and Old Dean is a training practice for GP trainees and FY2 doctors. (FY2 doctors are newly qualified doctors who are placed with a practice for four months and will have their own surgery where they see patients). The practice is also involved in research and is a Royal College of General Practitioners (RCGP) Research Ready accredited practice.

Park Road and Old Dean Surgeries are run by five partner GPs (four male and one female). The practice is also supported by five salaried GPs (three male and two female), one GP retainer (female), six practice nurses and two healthcare assistants and a phlebotomist. The practice also has a team of receptionists and administrative staff, a care co-ordinator and a practice manager. (A GP retainer is a GP who works up to four sessions a week in general practice).

The practice runs a number of services for its patients including asthma reviews,child immunisation, diabetes reviews, new patient checks and holiday vaccines and advice.

Services are provided from two locations:-

Main Surgery

Park Road Surgery, The Surgery, 143 Park Road, Camberley, Surrey, GU15 2NN

Opening Hours are:-

Monday to Friday 8am to 8pm

Saturday morning by appointment only Park Road

Branch Surgery

Old Dean Surgery, Berkshire Road Clinic, Camberley, Surrey, GU15 4DP

Opening Hours are:-

Detailed findings

Monday to Friday 8am to 6pm with the exception of Wednesday afternoon when the practice is closed after 1pm. However, from 6pm - 8pm and after 1pm to 8pm Wednesdays, patients are seen at the Park Road Surgery instead.

During the times when the both practices are closed, the practice has arrangements for patients to access care from an Out of Hours provider.

The practice population has a higher number of patients aged between 40 to 49 and 60 to 80 years of age than the national and local clinical commissioning group (CCG) average. The practice population shows a lower number of patients aged from birth to 9 and 15 to 39 years of age than the national and local clinical commissioning group (CCG) average. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England. Less than 10% of patients do not have English as their first language.

Why we carried out this inspection

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

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 23 June 2016. During our visit we:

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

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

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

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

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

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

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 incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.
- There was a clear learning cycle documented for any incidents or significant events for the practice.
- The practice held a rolling programme of meetings which covered multiple topics. For example, monthly partner meetings, clinical team meetings, practice nurse meetings and priority patient meetings. Topics such as audits, complaints and comments, significant events and updates were discussed at these meetings. The practice management team also worked to a schedule for the annual review of risk assessments, complaints, policies and appraisals.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, we saw that a significant event had been raised due to a cervical cytology test being rejected due to the sample container being out of date. We saw this was discussed during a practice meeting and all staff reminded to check expiry dates for any equipment being used.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three and nurses to level two.
- A notice in the waiting room and in all of the clinical rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The healthcare assistant was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was a comprehensive infection control protocol in place and staff had received up to date training. Infection control audits were undertaken monthly and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure

Good

Are services safe?

prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and 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. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- 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. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice adapted templates within the clinical computer system in response to any new NICE guidance. For example, after reviewing the new guidance for diabetes the practice had reviewed and changed the diabetes template at the practice to ensure GPs captured all information required.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.
- The GPs shared a morning break session with each other. This was used to discuss referrals for patients and to share knowledge and expertise.
- The practice used computerised tools to identify patients with complex needs and those that had multidisciplinary care plans documented in their case notes. This ensured that staff authorised to review patients' notes were aware of the most up to date information available.
- The practice employed a full time care co-ordinator who worked with the integrated care team in order to improve support and communication between different services for patients.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 96.8% of the total number of points available. The practice had a 5.9% exception rate. This was below average when compared with the national average and local clinical commissioning group average of 9% (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was comparable with the local clinical commissioning group and national averages. For example, 80% of patients with diabetes, whose last measured total cholesterol was in a range of a healthy adult (within the last 12 months), was around the same as the national average of 80% and the clinical commissioning group (CCG) average of 81%.
- 82% of patients on the diabetes register, had a record of a foot examination within the last 12 months, which was slightly lower than the national average of 88% and the CCG average of 84%.
- 82% of patients with hypertension had regular blood pressure tests, which was slightly higher than the CCG average of 80% and slightly lower than the national average of 83%.
- Performance for mental health related indicators was higher than the national average. For example, 93% of patients with schizophrenia, bipolar affective disorder and other psychoses had a record of agreed care plan, compared to the national average of 88% and the CCG average of 90%.

There was evidence of quality improvement including clinical audit.

- Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patients' outcomes. We reviewed 13 clinical audits that had been carried out within the last 18 months. The audits indicated where improvements had been made and monitored for their effectiveness. We saw that the practice also completed audits for medicine management and infection control.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. For example, the practice had taken part in research for weight loss referrals for adults in primary care and improving outcomes for patients with an early diagnosis of inflammatory arthritis.
- Findings were used by the practice to improve services. For example, the practice completed regular audits for

Good

Are services effective?

(for example, treatment is effective)

medicines prescribed. The audits were to ensure that prescribing was in line with National Institute for Health and Care Excellence (NICE) guidelines. When necessary patients had a medicine review to ensure they were on the optimal medicine for their needs.

- Information about patients' outcomes was used to make improvements. For example, the GPs meet on a daily bases to discuss referrals for patients. This ensured shared learning for the appropriate ongoing support for patients. The practice recorded and audited referrals discussed at these meetings and could evidence a positive decrease in unnecessary referrals showing that patients care was managed by effective alternative methods instead.
- We saw that the results of audits had been shared routinely with practice staff and the most recent audits were on display in the staff room. Staff spoke of a culture of quality improvement and continuous learning within the practice.
- The practice had also completed an audit to enable them to evaluate patients' satisfaction with the role of the care co-ordinator. Patient responses showed a high level of satisfaction. Responses included feedback such as, the care co-ordinator was a 'vital role', it was a 'fabulous service to offer carers' and 'it made such a difference to my situation'.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. We saw there was a practice specific induction and a separate role specific induction. Topics covered included safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccines, taking samples for cervical screening and taking blood samples had received specific training which included an assessment of competence.
- Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- All salaried GPs within the practice had a partner GP as their mentor which allowed for continued learning and information sharing.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. Staff were encouraged to find relevant courses which they felt would be beneficial to their role and development and were supported to undertake any 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.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice had a system which involved staff carrying out checks to make sure that any 'two-week wait' cancer referrals they had sent had been received, and acted upon, by the relevant hospital department.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. The practice had introduced the role of a patient care co-ordinator to support the practice's vulnerable patients. This included patients over 75 years, patients considered vulnerable, patients within nursing homes, and those on the avoiding unplanned admissions register. The role involved liaising with the integrated community team and other service providers to ensure care packages were in place for these. It also provided a single point of contact within the practice for patients, their relatives and other service providers.

Good

Are services effective?

(for example, treatment is effective)

- There were robust arrangements in place for information provided to out of hours providers and with the ambulance service that informed them of the patients agreed and preferred route of care. This had reduced the number of patients attending hospital.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance. All GPs had received recent training in 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.
- Patients consented for specific interventions for example, minor surgical procedures, by having the risk associated with the intervention explained to them and signing a consent form. The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Health information was made available during consultation and GPs used materials available from online services to support the advice given to patients. There was a variety of information available for health promotion and the prevention of ill health in the waiting area and on the practice website
- Smoking cessation advice was available from a practice nurse.
- A counsellor and midwives were available at the practice.
- The practice offered family planning and routine contraception services including implant/coil insertion.
- The practice's uptake for the cervical screening programme was 82%, which was the same as the clinical commissioning group (CCG) and national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. There were 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.
- The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates in the last 30 months for those patients aged between 60 and 69 years of age, were at 62% which was the same as the clinical commissioning group (CCG) average of 62% and higher than the national average of 58%.
- Most childhood immunisation rates for vaccines given were either higher or the same as the CCG average. For example, 89% of children under 24 months had received the MMR (measles, mumps and rubella) vaccine which was the same as the CCG average of 89%. A system was in place for the practice nurse to contact the parent or carer of those patients who did not attend for their immunisations. Language specific information was also be sent to ensure patients attended and the practice had seen a rise in their immunisations figures from 75% to over 90% since starting this process.
- Patients contacting the practice for an emergency appointment for a child under five was automatically given an appointment within three hours of their call. This had resulted in the practice having a low accident and emergency department attendance for children under five in comparison with the local clinical commissioning group and national average.

Good

Are services effective?

(for example, treatment is effective)

- Information packs were given out to patients who had been newly diagnosed with diabetes including translated copies for other languages to help support patients to understand their condition.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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.

- 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.
- There was a communitarian focus at the practice demonstrated by the charitable work staff were engaged with. For example, they had raised funds for a breast cancer charity.

All of the 16 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with five patients. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 89% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 85% of patients who responded said the GP gave them enough time compared to the CCG average of 90% and the national average of 86%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw which was the same as the CCG and national average of 95%.
- 85% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 95% and the national average of 91%.
- 90% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 88% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 87% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the clinical commissioning group (CCG) average of 90% and the national average of 86%.
- 79% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and the national average of 81%.
- 82% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Good

Are services caring?

- Staff told us that there were aware of a number of patients who needed the aid of a sign language interpreter and were able to book this service for patients when needed
- Information leaflets were available in easy read format.
- The practice website also had the functionality to translate the practice information into approximately 90 different languages.
- One of the nurses was able to use Makaton for patients with learning disabilities who used this communication method. (Makaton uses signs, symbols and speech to help people communicate) Pictorial information of procedures were also available to help patients with communication difficulties.
- The practice had core information translated into Polish and Nepalese to help aid those patients who spoke limited English.

Patient and carer support to cope emotionally with care and treatment

- Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.
- The practice had recognised the need to promote the role of carers and the service available to support patients. The practice had pro-actively looked to increase the number of carers registered at the practice. We saw that the practice had identified more carers registered with them, increasing the list of carers from 80 in April 2015 to 202 in June 2016.
- The practice's computer system alerted GPs if a patient was a carer. Written information was available to direct carers to the various avenues of support available to them. The practice had previously advertised carers week within the practice and had on display information and posters. The practice had attended a carer's awareness day in January 2016. They advertised carers events within the waiting area as well as writing to patients on the carers register informing them of events happening locally.
- The practice engaged with the community by helping to arrange local information sharing events. There was a strong ethos within the practice for community development and engagement work. The practice had arranged local talks for their patients and those people living in the vicinity. For example, the practice had held talks on understanding dementia and 'how to look after your heart' both had been well attended with over 100 people attending.
- The practice had held an afternoon tea party for patients that may be considered vulnerable or isolated and was planning to build on the success of this event by staging more.
- The practice supported the local Alzheimer's café and the local 'safehaven' and had given talks about access to services.
- The practice's managers were trained as "Dementia Friendly" staff and the practice aimed to become a dementia friendly organization.
- 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.

Outstanding ☆

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.

- Patients could access appointments and services in a way and at a time that suited them. The practice was open from 8am to 8pm every weekday. Early morning appointments from 7.30am were able two days a week on Tuesdays and Thursdays. Every other Saturday morning appointments were available.
- As a result from patient feedback the practice had changed the appointment system. Patients were able to call the practice and book appointments for either on the day or for one to two days ahead. This had reduced the number of patients requesting an urgent on the day appointment.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs, which resulted in difficulty attending the practice.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice used text messaging to remind patients of appointments
- The waiting area was able to accommodate all patients including those with limited mobility or who used wheelchairs. There were also toilet facilities available for all patients, including an adapted aided toilet and a baby nappy changing facility.
- The practice remained open throughout the day. Patients were able to ring the practice or drop off prescriptions or samples during their lunchtime period.
- The practice was proactive in understand the needs of their patients and to deliver care in a way that meet those needs and promoted equality. A hearing loop and translation services were available. The practice used sign language services to help those with a hearing impairment and who were British Sign Language users. The practice had core information translated into Polish and Nepalese to help aid those patients who spoke limited English.
- One of the nurses was able to use Makaton for patients with learning disabilities who used this communication method. (Makaton uses signs, symbols and speech to help people communicate) Pictorial information of procedures were also available to help patients with communication difficulties.
- The practice engaged with homeless people who were based locally. They could register at the practice and were signposted to the relevant services available.
- The practice had innovative approaches to providing integrated person-centred pathways of care that involved other service providers. The practice had introduced the role of a dedicated full time patient care co-ordinator. This was to support the practice's vulnerable patients and they discussed care and treatment with the patient and where appropriate family members. This included patients over 75 years, patients considered vulnerable, patients within nursing homes, and those on the avoiding unplanned admissions register. The role involved liaising with the integrated community team and other service providers to ensure care packages were in place for these patients and for patients post discharge from hospital. It also provided a single point of contact within the practice for patients, their relatives and other service providers.
- There was a clear and positive approach to seeking out and embedding new ways of providing care and treatment. For example, the practice was investigating the reasons for patient attendance at Accident and Emergency Departments (A&E) where patients could have otherwise been seen at the practice to support the reduction of unnecessary A&E attendance.
- The practice had a policy that children under five would be seen within three hours of contacting the practice and had dedicated appointment slots throughout the day that could be used. This had resulted in a reduction of these patients attending A&E.

Access to the service

The practice was open between 8am and 8pm Monday to Friday. Earlier appointments were offered on Tuesdays and Thursdays from 7.30am and every other Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Patients were also able to book on the day appointments or for the following two days if necessary.

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

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

- 92% of patients who responded were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 82% and the national average of 78%.
- 92% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 83% and the national average of 73%.
- 83% of patients who responded said the last time they wanted to see or speak to a GP or nurse from their GP surgery they were able to get an appointment compared to the CCG average of 84% and the national average of 76%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

- whether a home visit was clinically necessary; and
- the urgency of the need for medical attention.

Reception staff recorded information centrally for the GPs on the appointment system. GPs telephoned the patient or carer to gather further information. This ensured home visits were prioritised according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There were posters on display in the waiting area, a complaints leaflet and information was on the practice website.
- A Friends and Family Test suggestion box was available within the patient waiting area which invited patients to provide feedback on the service provided. April 2016 data showed that 500 patients had responded, with 94% (470) of patients recommending the practice.
- None of the five patients we spoke with had ever needed to make a complaint about the practice.
- The practice asked for patients views on a variety of subjects and had acted on results. For example, the practice had reviewed its appointment system after patients expressed the view that when calling for an 'on the day' appointment if there were none available, it was frustrating to have call back the following day. The appointment system had been changed so that patients calling could be offered appointments for on the day or if none were available for the following two days rather than having to call back.

We looked at complaints received in the last 12 months and found these were all discussed, reviewed and learning points noted. We saw these were handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care.

Are services well-led?

Outstanding ☆

(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:

'A centre of excellence delivering high quality care where patients and staff choose to be'.

We saw posters displayed in the practice and staff were aware and worked to the practices values.

The values included:-

- Patient Centred
- Quality
- Commitment
- Honesty
- Openness
- Trust and Respect

The practice had a systematic approach to working with other organisations to improve care, outcomes and tackle health inequalities for patients. For example, by recognising different patient cultures, community engagement and supporting local voluntary organisations.

We spoke with 16 members of staff. They told us there was a strong focus on being patient centred, and the practice achieved this by supporting good team working, professional development and training. There was also an understanding of supporting and developing within the local community and identifying the social and health care needs of patients.

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 was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection, the partners and practice manager within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The partners and practice manager also inspired their staff to ensure patients were the focus of care and main priority in the practice. They told us they prioritised safe, high quality and compassionate care.

Staff throughout the practice were proud of their work and there was high levels of staff satisfaction. This was demonstrated from the moment you entered the practice as all staff had their photograph displayed. They told us they were proud to work at the practice and spoke highly of the partners and the practice manager. They told us that felt there was pro-active culture and that there was no difference between clinical and non-clinical staff, everyone was treated the same. They told us that everyone in the practice, including partners, were approachable and always took the time to listen and they were actively encouraged to raise any concerns or suggestions.

Interviews with GPs showed that the culture in the practice was that patients were cared for and treated based on need and the practice took account of the patient's age, gender, race and culture as appropriate.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology
- The practice 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. We saw the practice strived for

Are services well-led?

Outstanding ☆

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

continuous improvement. There was a proactive approach to seeking out and embedding new ways of providing care and treatment. For example, by enabling staff to contribute to patient care and recognising personal skills, which could support patients.

- 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 and supported in doing so.
- 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. It 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. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the on the day appointment system had been changed as direct feedback from patients. The appointment system had been changed so that patients calling could be offered appointments for on the day or if none were available for the following two days rather than having to call back.
- The practice had gathered feedback from staff through staff meetings, appraisals and general discussions. 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.
- The practice had also completed an audit to enable them to evaluate patients' satisfaction with the role of the care co-ordinator. Patient responses showed a high level of satisfaction. Responses included 'vital role', 'fabulous service to offer carers' and 'it made such a difference to my situation'.
- The practice had conducted a staff survey, which was reviewed and the results shared with the staff. The survey showed that from 32 members of staff when asked if they looked forward to going to work 27 replied often or always and five replied sometimes. When asked if they felt valued 29 agreed and three neither agreed or disagreed.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area.

- The practice was also involved in research and was a Royal College of General Practitioners (RCGP) Research Ready accredited practice. A GP and nurse had completed Good Clinical Practice (GCP) training. (GCP training provides public assurance that the rights, safety and wellbeing of research participants are protected and that research data are reliable). The practice had recently taken part in research including chronic kidney disease and had participated in the National Diabetes Audit (HSCIC).
- The practice was continuing looking at how it could improve technology to the benefit of its patients. The practice reviewed and adapted templates within their computer system to record and provide necessary information. For example, to ensure other agencies had informed choices of the route of care a patient required.
- The practice was a training practice and trained doctors at Foundation level and Specialist Training Level. They also had medical students from three Universities and helped to train paramedic and nurses as part of their degree course.