

East Hill Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at East Hill Surgery on 19 April 2016. Overall the practice is rated as good.

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

- Staff members were aware how to raise concerns, and report safety incidents. The policy showed the practice complied with the requirements of the duty of candour. Safety information was recorded and any issues identified were shared with staff members.
- Risks to patients were assessed and documented. The system to assess risks included those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.
- Patient comments were positive about the practice during the inspection and they told us treatment was with consideration, dignity and respect. Members of the practice patient participation group told us they were involved with practice development.
- Information regarding how to complain was available at the practice and in an easy to read format. A request on their practice website asked patients to fill out a form at the practice, or speak with the practice manager.
- Patient's comments were mixed regarding making an appointment with a named GP, some patients preferred the open surgery each morning and others preferred to pre-book all their appointments. There were always urgent appointments available on the day they were requested.
- The practice had suitable facilities and equipment to treat patients and meet their requirements.
- The leadership structure at the practice was known and understood by all the staff members we spoke with. They told us they were supported in their working roles by the practice management and the GPs.

Summary of findings

The areas where the provider should make improvement are:

- Improve the identification of patients that are carers.
- Carry out infection control audits in line with guidance
- Consolidate and use one emergency call system for staff members when dealing with an emergency situation.
- Continue to update and review all practice policies and procedures to ensure they meet current legislation and guidelines.
- Implement a system to ensure that the defibrillator shared with the neighbouring practice is checked so that it is in working order and that the adult and child pads are within their expiry dates.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was a system in place and staff members knew how to raise concerns, and report safety incidents. Incidents and lessons learned were shared with staff members in practice meetings.
- When things went wrong patients received an explanation or an apology when appropriate. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed these included premises, equipment, medicines, and infection control. However although monitoring and checks to ensure standards of cleanliness and hygiene were taking place infection control audits were not being undertaken.
- The practice shared a defibrillator with the practice next door housed in the shared building. There was no system in place between the two practices to ensure that the defibrillator was in working order and that adult and child pads were within their expiry dates.
- We were shown three emergency systems during our visit which could lead to confusion and time lost when staff members need to call other staff members in an emergency situation.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data showed patient outcomes were above average compared with local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Staff had the skills, knowledge and experience to deliver effective care and treatment in a primary care environment.
- Clinical audits undertaken at the practice showed the GPs used auditing to improve the practice service quality and patient outcomes.
- There was a system in place to ensure that staff received supervision and appraisals.

Summary of findings

- Staff communicated with multidisciplinary teams to understand and meet the varied complexities of people's needs.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the 'National GP Patient Survey' published January 2016 showed patients rated the practice higher than others for numerous aspects of care.
- Patients said they were treated with compassion, dignity, respect, and were involved in decisions about their care and treatment.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice coded patients who were carers, although the number identified was below the national average. We found they were missing opportunities to identify carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the local Clinical Commissioning Group to secure improvements to services where these were identified.
- Appointment times and availability were flexible to meet patient needs. Same day urgent appointments were available. Home visits and telephone consultations were provided as needed.
- The practice offered its patients access to book appointments with a GP and order repeat prescriptions online. There is also a text service to remind patients of appointments they had booked to reduce them being forgotten and patients not attending.
- The practice had suitable facilities and was adequately equipped to treat and meet patient's needs.
- There were accessible toilets and baby changing facilities available in the premises.
- Information about how to complain was available and easy to understand.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had an aim to deliver high quality care and promote good outcomes for patients. Staff members told us they knew the aims and ethos of the practice.
- Staff members told us they were supported by GPs and the practice management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings. Some of the policies required a review and updating.
- There was a system for governance which was supported by the practice policies and the delivery of good quality care and patient outcomes. This included arrangements to monitor and improve patient care and identify risks.
- The provider was aware of and complied with the requirements of the 'Duty of Candour' this was seen in their approach to safety incidents to be open and honest. Information was shared with staff to ensure appropriate practice action and lessons from incidents were learnt.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group at the practice was keen to support the practice and was active in their efforts.
- There were arrangements to monitor and improve patient care and identify risks.
- The practice sought feedback from their staff members and patients, to gain insight into their needs.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered personalised care to meet older people's needs and offered home visits for those with mobility or enhanced needs. All patients in this population group had a named GP. Examples of the care provided were:

- Identification of vulnerable older patients through the unplanned admissions avoidance scheme.
- Patients followed-up and reviewed six months after hospital treatment.
- Patients over 75 years of age with heart disease asked to complete a depression questionnaire as it is known that patients in this category can have hidden depression. There was a 90% return rate of questionnaires and those scoring over five that were not already coded as having depression, were contacted and offered support and advice.
- Review of end of life patients regularly at multidisciplinary meetings. Information was shared with the out of hours provider computer system if consent to share information had been given.
- Regular medicine reviews and use of blister packs for weekly dispensing in partnership with local pharmacies
- Shared care with community matrons and other admission avoidance schemes to enable well communicated care in the community.
- All patients over the age of 65 offered a flu vaccination in dedicated Saturday clinics every year with the offer of pneumococcal and shingles vaccines on the same day. Data showed high rates of seasonal flu/pneumonia/shingles vaccination rates for this practice. Patients were also vaccinated opportunistically in consultations to save them returning for the dedicated clinic.
- The practice held a register of patients that were also carers. They had identified 0.82% of their population as carers; this was below the national average of between 1% and 3%.

Good



People with long term conditions

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

Good



Summary of findings

Patients in this population group had a named GP and a structured annual review to check their health and medicine needs were met. Those patients with complex needs received joint care from their named GP that worked with relevant health care professionals to deliver multidisciplinary care. Examples of the care provided were:

- The practice delivered both enhanced services and the local diabetic service. The diabetic lead GP and practice nurse attended training and meetings to ensure the practice could meet the extra work required for the delivery of the local service requirement. National data for diabetes showed overall that the practice scored was comparable or higher with other national practices for example: The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less scored 91% compared with national practices that scored 78%.
- The practice held clinics for long term condition patients. They also provided an in-house blood taking service and echocardiography (ECG) clinics. The practice clinical quality performance was 98% which was 4% higher than practices nationally.
- The practice was the sole health provider for a local unit which cares for 20 patients with a specific genetic condition. A dedicated GP from the practice provided a weekly ward round to meet the complex needs of these patients. The practice offered annual health checks for their LD patients.
- Longer appointments and home visits were available when needed.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances who were at risk.
- Immunisation rates were high for all standard childhood immunisations.
- Parent told us their children were treated in an age-appropriate way and recognised as individuals.
- The national quality performance data showed the percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years at the practice was 86% compared with the national average of 82%.

Good



Summary of findings

- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Patients at the practice had access to online appointment booking and could order their repeat prescriptions.
- Staff members at the practice had access to a practice specific child protection policy and procedures.
- The practice offered inter-uterine device (IUD) fitting and removal.
- There were also contraceptive services, including the fitting and removal of contraceptive devices, child health surveillance, and attendance at child protection forums by the GP and practice manager.
- There was a policy regarding Gillick competence and permission to information share with parents/ carers if children under 16 attended alone.
- Looked after children that were temporary residents in the area were registered with the practice, to ensure continuity, on-going monitoring and that their records were fully updated.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The practice had responded to the needs of the working age population, those recently retired and students. Examples of care provided:

- An online service to book appointments, and order repeat prescriptions.
- Telephone consultations were available with doctors and nurses.
- A range of health promotional services such as smoking cessation, weight management, health checks, and flu vaccination clinics outside week day core hours.
- Late evening and Saturday morning pre-booked appointments.
- Contraceptive services, women's health, and screening services that reflect the needs of this population group.
- Online access to records with on-going maintenance of computerised records for students and temporary patient reviews/ appointments offered.
- A full range of health promotion was offered including online services.

Good



Summary of findings

People whose circumstances may make them vulnerable

The practice is rated as good for the care of people whose circumstances may make them vulnerable. The practice provided services to meet the needs of people from within this population group for example:

- Longer appointments for patients with a learning disability were available. There were 26 patients that had been identified as living with a learning disability and all had been offered an annual learning disability check.
- Staff knew how to recognise the signs of abuse in vulnerable adults and children, they were also aware of their responsibilities. This included information sharing, documentation of safeguarding concerns and who to contact. Practice staff knew they could ask the safeguarding lead at the practice for advice if they had any concerns.
- Home visits were offered to those patients unable to attend for routine or emergency care, including vaccination.
- Homeless temporary patient GP service offered and a good relationship with the local homeless organisation that refers patients to the practice.
- Maintenance of an unplanned admissions list consisting of vulnerable patients.
- Communication with the out of hour's computer system to share information outside practice working hours.
- Open access morning surgery for those unable to keep appointments.

Good



People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice met the needs of people from within this population group for example:

- Yearly review of mental health care plans this included a review of their health and mental health parameters in their care plans and an update of other details for example their 'next of kin' and mental health status.
- The ability to provide care and treatment to patients with complex behaviours living with mental health issues. This was due to long serving staff members having an understanding and knowledge of these patients. The practice provided people experiencing poor mental health information about how to access support and voluntary groups.

Good



Summary of findings

- The practice followed up patients who had attended accident and emergency from this population group.
- For those patients prescribed with potentially addictive medicines the practice issued limited supplies and kept them under close supervision.
- The maintenance of a dementia register with up to date next of kin contact details, with any decisions made in advance, for example, statements of resuscitation, preferred place of care decisions, or information regarding their 'Lasting Power of Attorney' if one existed.
- 87% of patients at the practice diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 84%.
- 96% of patients at the practice with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption has been recorded in the preceding 12 months which is higher than the national average of 89%.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 272 survey forms were distributed and 100 were returned. This represented a 37% return rate.

- 91% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 88% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all positive about the standard of care received. However seven of the cards although positive did mention problems making an appointment. Comments received referred to extremely helpful reception staff, and the GPs genuine concern with patients' health conditions.

We spoke with five patients on the day of inspection and they told us they were satisfied practice provided a marvellous service. All five patients said they were satisfied with the care they received and thought staff members were really caring. The 'NHS Friends and Families' test results available on the practice website, showed 95% of respondents were either extremely likely or likely to recommend the surgery.

Areas for improvement

Action the service SHOULD take to improve

- Improve the identification of patients that are carers.
- Carry out infection control audits in line with guidance
- Consolidate and use one emergency call system for staff members when dealing with an emergency situation.
- Continue to update and review all practice policies and procedures to ensure they meet current legislation and guidelines.
- Implement a system to ensure that the defibrillator shared with the neighbouring practice is checked so that it is in working order and that the adult and child pads are within their expiry dates.

East Hill Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and the team included a GP specialist adviser.

Background to East Hill Surgery

East Hill Surgery provides primary care services via a General Medical Services (GMS) contract to approximately 8600 patients. The building is accessed from a busy main road East Hill in the town of Colchester, or from a car park at the rear of the building that provides parking for the disabled and limited space for staff and patients. Colchester and its surrounding area has low numbers of ethnic minority groups in comparison with the national average.

There are four GP partners; two female, two male and two GP registrars, one male and one female. This practice is a training practice and provides training for GP trainees called registrars and graduate junior doctors. The nursing team comprises of two practice nurses and two healthcare assistants in the clinical team. In the administrative team there is; a practice manager, a deputy practice manager, eight part-time receptionists and two secretaries.

The practice opening hours are from 8am to 6.30pm Monday to Friday. The clinical sessions are 8am to 8.30am with the provision of an emergency consultation service on the phone with the duty doctor. There is an open surgery from Monday to Friday 8.30am to 10.30am, with booked appointments available with the GP registrars each morning. There are booked appointments available from 2pm to 6pm with protected times for urgent consultations

in the afternoon. The practice provides extended hours on a Saturday morning that are booked appointments and one hour between 6.30pm and 7.30pm once a week on varying evenings during the week. Telephone consultations are provided daily on the day they are requested.

The practice has opted out of providing GP out of hour's services. Patients requiring a GP outside of the normal practice working hours are advised to contact the 111 non-emergency services. Patients requiring emergency treatment are able to contact the out of hour's service which is provided by Care UK.

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 19 April 2016. During our visit we:

Detailed findings

- Spoke with a range of staff including GPs, nurses, healthcare assistants, secretaries, practice manager and receptionists. We also spoke with five patients who used the service and a health care professional from a local pharmacy.
- Observed how patients/carers/ or family members were being communicated with.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed staff records to check that; training, recruitment, and appraisals were undertaken appropriately.

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

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

- Is it well-led?

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

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

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

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of systems including the reporting and recording of safety incidents.

- The practice manager led on recording safety incidents within the practice and staff members told us they knew who they should report to if they became aware of an issue.
- The practice carried out investigations of safety incidents and shared any learning with staff members. This was to ensure that the actions taken to improve safety were embedded in the practice to minimise incident reoccurrence. We reviewed minutes of meetings held quarterly where incidents had been discussed.
- We saw that those patients affected by incidents had received; appropriate communication, in a timely fashion, information, and an apology if applicable. An example was when a patient had not been called regarding their laboratory result about the blood thinning medicine they were taking. This incident was discussed with staff members to determine how they could reduce or eliminate this occurring in the future. We saw the practice had written a new protocol for the safe handling of laboratory results that require the patient to be contacted.
- The practice carried out an annual review of their safety incidents and the learning from them had been shared with staff members to ensure improved systems and processes were put in place. The incident recording form endorsed 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).
- Safety alerts about medicines or patient safety were received by the practice, reviewed, shared with the staff team, and acted upon appropriately. When alerts required the review of patients' medicine or a change when indicated we found evidence this had been undertaken.

Overview of safety systems and processes

The practice had procedures and policies to safeguard patients from abuse, which included:

- A policy that reflected current relevant legislation and local requirements, that was accessible to all staff members and outlined who to contact about safeguarding concerns.
- There was a GP lead for safeguarding at the practice and all GPs had achieved level 3 training.
- GPs attended local safeguarding meetings whenever possible. When required they provided reports for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure patients were safe from abuse. Staff members had received training to the relevant level for their role. The practice had performed several audits to ensure looked after and at risk children had been coded correctly on their records for review and follow-up purposes.
- Chaperones were offered when required, there were notices in the waiting room and clinical areas that advised patients they were available. Staff who acted as a chaperone 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).
- Appropriate standards of cleanliness and hygiene were seen and the practice lead nurse was the infection control lead. There was an infection control policy in place and staff had received role specific training. Infection control audits had not been carried out although there were regular checks to ensure standards of cleanliness and hygiene. The practice told us they would carry out infection control audits in the future, to highlight any trends or gaps in their infection control processes or procedures.
- Clinical waste was disposed of appropriately and stored securely until it was collected.
- Medicines were stored securely and only accessible to authorised staff members. Medicines seen at the practice were within their expiry date. Records showed us that medicines requiring cold storage were kept in

Are services safe?

refrigerators which were maintained at the required temperatures and monitored daily. Staff members knew what to do in the event of temperature failure. A policy was in place for repeat prescribing which included monitoring of patients taking higher risk medicines. The practice had recently implemented work with the local medicine management teams to ensure prescribing was in line with best practice guidelines for safe prescribing.

- The nurses administered vaccines using directions that had been produced in line with legal requirements and national guidance.
- Blank prescription forms; including those used in the printers for computer generated prescriptions, were stored securely and were tracked through the practice in accordance with national guidance.
- Arrangements for emergency medicines, medicine management and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security).
- We reviewed four sets of personnel files and found 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. We did note the records for the GP registrars were not as organised as other members of staff.
- The results for cervical screening were checked, and all the samples sent for cervical screening were followed up to check they had received a result. The practice also followed-up women who were referred as a result of abnormal results. The process in place for these checks ensured that those patients screened received a safe service.

Monitoring risks to patients

- Procedures were in place to monitor and manage risks to patient and staff safety. Within the reception office area there was a current health and safety poster and a policy available which identified local health and safety representatives. Electrical equipment seen had been checked to ensure it was safe to use and the practice held a service and maintenance contract to confirm it was working properly. There were a number of other risk assessments in place to monitor the safety of the

premises such as the control of substances hazardous to health, infection control, and legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The premises and equipment at the practice were appropriate for patients and adequately maintained to keep patients and staff members safe.
- The practice fire equipment was suitable and had been checked to ensure it was safe. Staff members knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes of staff needed via a rota system to meet patients' needs. The practice manager told us they factored annual leave and staff sickness into their planning.

Arrangements to deal with emergencies and major incidents

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

- All staff members had access to an emergency call system to call for help and support if this was needed. However we were told by staff members that this caused confusion because there were three systems that could be used. We spoke with the practice about this confusion and the need for staff to use a single system to eliminate time loss in an emergency situation and they told us they would review their systems..
- Emergency medicines were available in a secure area of the practice and all staff members knew their location. These included medicines for the treatment of cardiac arrest, anaphylaxis, meningitis, seizures, asthma and hypoglycaemia. Processes were in place to check these medicines regularly and all medicines we saw were in date.
- There was oxygen available on the premises with adult and children's masks; staff members knew where this was kept. A first aid kit and accident book was also available.
- The practice shared a defibrillator with the practice next door housed in the shared building. We asked how the

Are services safe?

practice could be sure this equipment had been checked to ensure it was in working order, and that the pads were within the expiry date. The practice could not provide this information.

- The practice had an up to date business continuity plan in place to provide information for staff members in the

event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff members and connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out clinical assessments and treatment using; relevant, 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 ensure all clinical staff were kept up to date with the most recent clinical guidelines from NICE and used this information to develop patient care and treatment.

Management, monitoring and improving outcomes for people

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 recently published data showed the practice had gained 98% of the total number of points available and this was 7% above other practices in the local area and 4% above the national average of the total number of points available. The practice exception reporting was 3% which was 5% below the local CCG practices and 6% below the England average. (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 2014/15 showed;

- Performance for diabetes related indicators were either inline or higher than the national average. The percentage of patients with diabetes, on the practice register, who had received the appropriate blood checks in the preceding 12 months, was 85% in comparison to 80% for the national average.
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 91% which was higher than the national average of 78%. Performance for mental health related indicators were better than the national average. The percentage of patients with schizophrenia, bipolar

affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 90% which was better than the national average of 88%.

- There had been two clinical audits completed in the last two years, both of these were completed audits where we saw improvements had been implemented monitored and patient outcomes had been improved. For example, to assess the compliance with NICE guidelines on measuring and recording vital signs in febrile children under five, the practice performed an initial check which showed varied compliance with vital signs documentation. The practice clinicians decided to display the NICE traffic light system in every consultation room and set-up a computer template to remind clinicians to document all vital signs. Six months later another audit was carried out after implementing the NICE guidance and improvements had been achieved.
- We also saw that the practice participated in local health audits, national benchmarking, accreditation, peer review and research.

Effective staffing

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

- The practice had an induction process for new staff. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence and prepared them for their new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and maintaining safety and confidentiality.
- Nurses administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and regular audits to verify. Staff who administered vaccinations could demonstrate their training and understanding of immunisation programmes, for example by access to on-line resources and discussions at practice and team meetings.
- We saw appraisals were used by management to identify staff training needs. We were told how staff had

Are services effective?

(for example, treatment is effective)

access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with had received an appraisal within the last 12 months.

- The training that staff had received included: safeguarding, basic life support skills and confidentiality. Staff members were able to access e-learning training modules and in-house training.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available and accessible to clinical staff members through the practices' patient record system and their intranet system.

- This included; care plans, medical records, investigative processes, communications, patient discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available in the waiting room.
- When the clinicians referred patients to other services they shared relevant information appropriately and in a timely way.
- Staff communicated with multidisciplinary teams to meet the various needs of patients. Staff members worked together in the practice and with other health and social care services and service providers to understand, meet, assess, and plan on-going care and treatment for patients. This included when patients were referred to other services, or discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a regular basis and that care plans were discussed, reviewed, and updated.

Consent to care and treatment

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

- Staff members knew the relevant consent and decision-making processes and had an understanding

of the legislation and guidance; this included the Mental Capacity Act 2005. Staff members carried out assessments of capacity to consent in line with relevant guidance prior to providing care and treatment for children and young people.

- When mental capacity to consent to care or treatment was unsure, clinicians assessed patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice held a register of patients who may need extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition or those requiring advice regarding their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services.
- The practice's uptake for cervical screening was 86% which was above the national average of 82%. There was a procedure in place to contact patients to remind them if they did not attend for their cervical screening test. The practice also encouraged patients to attend other national screening programmes for example; bowel and breast cancer screening which were above the average compared with other CCG practices and national practice average data. Childhood immunisation rates for the vaccinations given were higher compared to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 95% to 97% and five year olds from 90% to 98%. Patients had access to appropriate health assessments and clinical checks. These included new patient health checks, NHS health checks for people aged 40 – 74 and senior health checks. Appropriate follow-up appointments were made for any issues raised during health assessments and long term condition reviews.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that reception staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' privacy and dignity during examinations, investigations and treatments was respected and maintained by the provision and use of curtains that encircled examination couches.
- Patients told us they were treated well, with consideration, dignity and respect and involved in the decisions made about their care and treatment. All the patients we spoke with told us it was a very caring and, family orientated practice and all the staff members were extremely helpful.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk recognised when patients appeared distressed or needed to speak about a sensitive issue. We were told these patients could be offered a private room to discuss their issues or problems. On the day of inspection we saw two patients that were offered a room to speak privately with the practice manager.

The 44 Care Quality Commission comment cards that had been completed were all positive about the standard of care received however seven of the cards, although positive, did mention problems making an appointment. Other comments made referred to helpful reception staff and the five patients we spoke with said they were more than satisfied with the services provided at the practice and that they met their needs. The NHS 'Friends and Families' test results available on the practice website, showed 95% of respondents were either extremely likely or likely to recommend the surgery. Results from the national GP patient survey published in January 2016 showed their percentage results were above or comparable to other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs and nurses.

For example:

- 93% of respondents said the GP was good at listening to them compared to the CCG average of 87% and national average of 88%.
- 95% of respondents said the GP gave them enough time (CCG average 86%, national average 86%).
- 98% of respondents said they had confidence and trust in the last GP they saw (CCG average 94%, national average 95%).
- 93% of respondents said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 89% of respondents said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 90%).
- 90% of respondents said they found the receptionists at the practice helpful (CCG average 85%, national average 86%).

Care planning and involvement in decisions about care and treatment

During the inspection, five patients told us they felt involved in the decision making process during the care and treatment they received. They also told us they felt listened to and supported by staff and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received was positive and reflected these views. Results from the national GP patient survey showed patient's responses were comparatively similar to local area and national averages about questions involving planning and making decisions about their care and treatment.

For example:

- 93% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 89% said the last GP they saw was good at involving them in decisions about their care (CCG average 79%, national average 81%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 85%, national average 85%).

Are services caring?

Staff told us they had access to translation services for patients who were did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access support groups and organisations if they were a carer. The practice computer system alerted practice staff if a patient was also a carer so that carer's could be given extra consideration when being given appointments to

ensure they could meet their caring responsibilities. Currently the practice had identified 0.82% of their population as carers. We questioned why their register was lower than the national average and found they were missing a number of opportunities to identify carers.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and a condolence card was sent which included an invitation for them to meet with the GP.

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. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. They were active members in the steering group for the local GP federation. (Practices that join local GP federations remain independent organisations, whilst collaborating in the further development of local area primary care).

- The practice offered access to their practice population from 8am through to 6.30pm with face to face and telephone consultations.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when they needed them.
- The facilities were accessible, and translation services to aid patients were available at the practice.
- The practice had 26 patients on their register of people living with a learning disability. They had provided annual health checks to all those patients on their register that wanted a check each year.

Access to the service

The practice opening hours were 8am to 6.30pm Monday to Friday. The clinical sessions were 8am to 8.30am provision of an emergency service on the phone with the duty doctor. An open surgery was available from Monday to Friday from 8.30am to 10.30am, with booked appointments available with the GP registrars each morning. There were booked appointments available from 2pm to 6pm with protected times for urgent consultations in the afternoon. The practice provided extended hours on Saturday mornings that were booked appointments and one hour between 6.30pm and 7.30pm once a week on varying evenings during the week. Telephone consultations were provided daily on the day they were requested.

The practice had opted out of providing GP out of hour's services. Patients requiring a GP outside of the normal practice working hours were advised to contact the 111 non-emergency services. Patients requiring emergency treatment were able to contact the out of hour's service which was provided by Care UK.

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

- 84% of patients that responded were satisfied with the practice's opening hours compared to the national average of 76%.
- 91% patients that responded said they could get through easily to the surgery by phone (national average 78%).
- 60% of patients that responded said they always or almost always see or speak to the GP they prefer (national average 36%).
- All those patients we spoke with on the day of inspection told us they were able to obtain an appointment when they needed one, and knew how to contact the surgery through the various routes.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns.

- Their complaints policy recognised guidelines for GPs in England and local CCG requirements.
- There was a named designated staff member within the practice to lead on and manage all complaints.
- We saw there was information available to help patients understand the complaints system for example; a complaints leaflet available and information on the practice website. We looked at four complaints received in the last 12 months and found they had been dealt with in a timely honest manner as described in their policy. Experiences learnt by the practice from these concerns or complaints had been appropriately acted on and carried out to improve patient care. The minutes from meetings showed the findings and actions from complaints were shared with all staff members to ensure practice wide learning.

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 sent us their mission statement which outlined their vision and strategy, which had been shared with the staff members:

- To improve the health, well-being, and lives of those they care for.
- To work on partnerships with their patients and staff to provide the best primary care services possible working within local and national governance, guidance and regulations.

The practice told us their aims and objectives were:

- To provide high quality, safe professional healthcare services to patients.
- To focus on prevention of diseases by promoting health and well-being and offering care and advice to patients.
- To work in partnership with our patients, their families and carers towards a positive experience and understanding, also to involve them in decision making about their treatment and care.
- To be a learning practice that continually improves what we are able to offer our patients.

Governance arrangements

The practice had an overarching governance framework of practice specific policies and procedures which supported the delivery of their strategy and vision. The practice staff structure was understood by the staff members, who were also aware of their colleague's roles and responsibilities.

- Practice specific policies were in the process of being reviewed by the lead GP when we visited. The GP told us that they had scheduled regular administration time into their work timetable to review, update, and ensure all policies met current legislation and guidelines. Staff members told us they knew how to access the practice policies and they were easy to understand.
- The practice management team had a comprehensive understanding of the practice performance which supported them to maintain and improve patient care where needed. For example they used the feedback from the 'NHS Friends and Family' responses to make

changes. These changes respected that the vast majority of their patients valued the open access morning surgery and wanted this service to continue. The practice decided to change the open access appointments to pre-bookable with the registrar GPs to offer a greater option for the mornings. Reception staff members were encouraged to request patients to attend for routine reviews in the pre-booked appointments.

- Risks were well managed, and actions were taken to improve patient care were well documented, rated and prioritised for their seriousness, and followed up.

Leadership and culture

The partners in the practice had local experience, capacity and capability to lead the practice and ensure high quality was provided. They prioritised safe, high quality and compassionate care. The GP partners were visible in the practice and staff members told us they took time to listen to them and supported their views on any improvement suggestions. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour'. The practice had arrangements and knew how to deal with notifiable safety incidents when they arose.

- Developments were recorded in the practice action plan and improvements were seen to improve practice processes and prevent future incidents. Those patients affected by an incident received an honest explanation with an apology when it was appropriate.
- There was a clear leadership structure in place and staff felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were told by staff members that they felt confident to raise any topics and felt supported when they did.
- Staff members told us they felt respected, valued and supported, particularly by the management and GPs in the practice.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. They used the feedback gathered from their patient participation group when the practice wanted to gather their patient's opinion or suggestions.

- The practice monitored feedback from patients through the national GP survey. The feedback gathered had led to improvements in recruitment and training of practice nurses.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc discussions. Staff told

us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management. Staff told us they felt involved and encouraged to improve the running of the practice.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. They worked well with their patient participation group who for example had supported the practice recently by giving their opinion with regards to the continuation of the open surgeries in the mornings. The practice shared with us their improvement/action plan which revealed elements of improvement already undertaken over the last year and future work that they intend to progress.