The Butchery 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	Outstanding ☆
Are services safe?	Good ●
Are services effective?	Outstanding ☆
Are services caring?	Outstanding ☆
Are services responsive to people's needs?	Good ●
Are services well-led?	Outstanding ☆

Summary of findings

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Butchery Surgery on 8 December 2016. Overall the practice is rated as outstanding. Our key findings across all the areas we inspected were as follows:

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- Feedback from patients about their care was consistently positive and was significantly above the local and national averages.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the PPG had put together the carers' pack, using of their knowledge of local services that the practice provided to new carers.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw several areas of outstanding practice including:

- Following a significant event, the practice had instituted a "watch list" for their most vulnerable patients so that they had improved access and additional monitoring.

Summary of findings

- The practice maintained a database of all home visits (including out of hours service visits). The practice used the data to see if any patients were receiving an increased number of visits which might indicate a deterioration in their health.
- All referrals of children to other services, including accident and emergency attendances, were reviewed by the GP lead for safeguarding.This helped the practice to take an holistic, family based approach to safeguarding children.

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.

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses.
- The practice used every opportunity to learn from incidents, to support improvement. Learning was based on a thorough analysis and investigation. For example, after an incident, the practice had instituted in a “watch list” for their most vulnerable patients.
- Information about safety was highly valued and was used to promote learning and improvement.
- Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- There were systems to help ensure that patients on high risk medicines received the tests that were necessary for the safe administration of the medicine. If patients missed the tests. they were contacted and the amount of medicine was controlled until they had had the tests.

Are services effective?

Outstanding

The practice is rated as outstanding for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average in almost all areas compared to the local and national averages and had been so consistently over the years.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Other data supported quality improvement. For example the practice recorded all home visits (including out of hours service visits and attendances and accident and emergency attendances). This was updated each week. The practice used it to see if any patients were receiving an increased number of visits which might indicate a deterioration in their condition
- 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 and that individual growth was embraced by the practice.

Summary of findings

- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs. We spoke with other health and social care providers in the town and all said that the practice provided a service which was beyond what they would have expected.

Are services caring?

Outstanding ☆

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice much higher than others for all aspects of care.
- 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.

Are services responsive to people's needs?

Good ●

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified such as counselling and physiotherapy.
- There were innovative approaches to providing integrated patient-centred care. The practice provided social prescribing as an holistic approach to patient care. It was a member, one of 16 practices, of Encompass, a multi-speciality community provider (MCP), with the objective of bringing integrated care closer to where the patient lives. An example of this was the ear, nose and throat services provided by one of the GPs.
- The practice implemented suggestions for improvement and made changes to the way it delivered services as a consequence of feedback from patients, from the patient participation group (PPG) and from staff. From the PPG examples included the introduction of a carers pack and from the staff a new process for managing prescriptions that had saved time and was safer.
- 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 GP National Survey results supported this.

Summary of findings

- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Outstanding 

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

- The practice had a clear vision with quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff. The strategy was forward thinking, taking into account the NHS five year forward view. Plans for a merger with the other practice in the town were well developed.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- Governance and performance management arrangements had been proactively reviewed and took account of current models of best practice. This included membership of Encompass, a multi-speciality community provider (MCP) and social prescribing to address patients' needs which were beyond the purely medical.
- There was a high level of constructive engagement with staff and a high level of staff satisfaction. The staff and PPG and the community were very engaged in and informed about in the merger plans and this included preparatory meetings between these groups from both practices.
- 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 for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a strong focus on continuous learning and improvement at all levels. The practice was a teaching practice and participated in accredited research.

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.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice recorded all home visits (including out of hours service visits). This was updated each week. The practice used it to see if any patients were receiving an increased number of visits which might indicate a deterioration in their health.
- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average in almost all areas compared to the local and national averages and had been so consistently over the years. Older people were most affected by these conditions.
- The number of emergency admissions per 1000 patients per year for certain recognised conditions, at 14, was marginally less that the CCG and national average of 15 despite the practice having significantly more elderly patients than the comparator practices.
- The practice worked in partnership with a day centre for the elderly in the town and referred patients there when there was a need to address their social needs, such as loneliness, as well as their medical needs.

People with long term conditions

Outstanding ☆

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

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were above average in almost all long-term conditions compared to the local and national averages and had been so consistently over the years.
- The percentage of patients on the diabetes register, with a record of a foot examination and a risk classification within the proceeding twelve months was 92% compared to a national average of 89%. The practice had outperformed the national average for this measure by between 4% and 14% every year over the last ten years.
- There are common long-term conditions, where it is recommended the patients have an annual influenza

Summary of findings

vaccination. The practice results for the two conditions where results were available were; diabetes 99% against the CCG average of 93% and national average of 94%. For chronic obstructive pulmonary disease (COPD) it was 100% (for the second consecutive year against the CCG average of 97% and national average of 98%.

- 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. 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.

Families, children and young people

Outstanding ☆

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

- There were systems 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 Accident and emergency attendances. 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.
- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and the national averages of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- The practice was an accredited "child friendly" practice under a local authority scheme.
- All correspondence relating to children was reviewed by the GP lead for safeguarding in order to help provide holistic care.

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).

Summary of findings

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. GPs were willing to see patients outside of the normal appointment times if this was necessary.
- 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. Text messages were used to remind patients of their appointments.
- The practice provided telephone consultations and email advice.

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 those with a learning disability. The practice offered longer appointments for patients with a learning disability.
- Homeless patients were able to register with the practice using the practice's address or the address of a local homelessness support organisation.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. Vulnerable patients were identified and their needs discussed at a monthly meeting.
- Patients recently discharged from hospital were contacted and their needs discussed.
- The practice had a "watch list" for their most vulnerable patients so that they had improved access and additional monitoring.
- The practice maintained a notice board, in the waiting room, specifically with information on local services and support groups
- 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.

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).

- Eighty three percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months for which figures were available (to March 2015), which was comparable to the national average of 84%.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 90%. This was better than the CCG at 83% and the national average at 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 worked in partnership with a day centre for the elderly in the town, which also catered for dementia patients, and referred patients there when there was a need to address their social needs, such as loneliness, as well as their medical needs.
- The practice carried out advance care planning for patients with dementia. Staff had a good understanding of how to support patients with mental health needs and dementia. The practice was a dementia friendly practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016 The results showed the practice was performing in line with local and national averages. Two hundred and twenty survey forms were distributed and 127 were returned. This represented 3% of the practice's patient list.

- 94% found it easy to get through to the practice by phone compared with the clinical commissioning group (CCG) average of 80% and the national average of 73%.
- 83% were able to get an appointment to see or speak with someone the last time they tried compared with the CCG average of 89% and the national average of 85%.
- 96% described their overall experience of the practice as good compared to the CCG average of 89% and the national average of 85%.
- 90% said they would recommend the practice to someone new to the area compared to the CCG average of 84% and the national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. The themes running through the comments were that quality clinical treatment was excellent and that staff from administration, reception, nurses and doctor expressed genuine care for the patients.

We spoke with four patients during the inspection. All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. There had been 19 responses to the NHS friends and family test during the last month, all said they would recommend the practice.

Outstanding practice

- Following a significant event, the practice had instituted a "watch list" for their most vulnerable patients so that they had improved access and additional monitoring.
- The practice maintained a database of all home visits (including out of hours service visits). The practice used the data to see if any patients were receiving an increased number of visits which might indicate a deterioration in their health.
- All referrals of children to other services, including accident and emergency attendances, were reviewed by the GP lead for safeguarding.This helped the ptractice to take an holistic, family based approach to safeguarding children.

The Butchery Surgery

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 The Butchery Surgery

The Butchery Surgery is a GP practice located in the town of Sandwich, Kent. It provides care for approximately 4500 patients. It is located within the town and has a mainly urban patient population.

There are two GP partners, one female and one male. There is a vacancy for a full time GP. Regular locum doctors are employed when the need arises. There are two nurses and one healthcare assistant all female. There is a practice manager and administrative and reception staff.

The demographics of the population the practice serves is different to the national averages in that it is much older. The number of patients between 20 and 40 years of age is approximately two thirds the national average. However the number of patients in age range from 50 to 85 and over is more that that nationally, sometimes markedly so.

The majority of the patients describe themselves as white British. Income deprivation is less than the national average and unemployment less than half the national average. Although the practice as a whole is not in an area of deprivation there are pockets of urban and rural deprivation within it.

The practice has a general medical services contract with NHS England for delivering primary care services to local communities. The practice offers a full range of primary medical services. The practice is a teaching practice for third year medical students.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments were determined by individual GPs and patients might be seen at any time that the practice was open.

The surgery is a former town house. There are consulting, treatment rooms and administration on both floors. There is a second practice in the town. There is a merger planned for the two practices.

Services are provided from

The Butchery Surgery,

7 The Butchery,

Sandwich,

Kent.

CT13 9DL.

The practice is a member of a “Vanguard”. Vanguard sites are being developed as part of implementing the NHS Five Year Forward View. Part of the objective is to support improvement and integration of services. The Butchery Surgery’s particular Vanguard site is called Encompass.

The practice has opted out of providing out-of-hours services to their own patients. This is provided by Primecare. There is information, on the practice building and website, on how to access the out of hours service when the practice is closed.

Detailed findings

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 8 December 2016. During our visit we:

- Spoke with a range of staff including GPs, nurses, the healthcare assistant, the practice manager and administrative staff. We spoke with patients who used the service.
- We saw how patients were looked after both in the reception and over the telephone and talked with carers and/or family members
- Reviewed comment cards where patients 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 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.
- There were comprehensive systems to keep patients safe. For example national patient safety alerts were dealt with by the practice manager and there was a system to help ensure they were dealt with if received when the practice manager was absent. They were sent on to the GPs and nurses for clinical matters and other staff as necessary.
- 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. There had been six events reported over the previous year. They had been reported by different areas of the practice, having come from GPs, nurses, receptionists and administrators. The practice carried out a thorough analysis of the significant events. They were classified into domains such as human error, equipment failure and poor communication so that trends could be identified.
- There was learning from events. A vulnerable mental health patient had come to harm and on review the practice realised that it had not had contact with the patient for some months. The whole team was engaged in reviewing the event and in improving safety and safeguarding. The practice initiated a "watch list" of patients deemed at risk. The watch list was checked each week and the check recorded. Any staff member might propose that a patient should be placed on the list though only a GP could authorise it. Patients on the watch list were accorded priority appointments. If a patient on the list did not attend for an appointment the reception staff notified the GP so that appropriate action could be taken. The practice recognised that these patients might be disorganised and unwell and that it had a duty to look after them. There were usually 10 – 12 patients on the watch list often young adults. Staff were able to give examples where they felt that the watch list had led to sustained improvement in patients' safety.

- Other changes, following on from events, included additional checks to ensure that baby immunisations were not missed and a more stringent protocol for managing telephone consultations.
- The practice shared learning from significant events with others. For example the practice had conducted an audit and changed patients' medication as result of another practice's significant event which had been discussed jointly.

Overview of safety systems and processes

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

- Arrangements 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 GP for safeguarding and staff knew who this was. 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 3.
- We looked at an anonymised case where there was no visible signs of abuse but where a receptionist had noted unusual behaviour, brought this to notice and it had led to an intervention by the safeguarding authorities.
- Notices in the waiting room, treatment and consulting rooms advised patients that chaperones were available if required. All staff could be used as chaperones, all had

been trained for the role, had completed annual update training and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. The premises were clean and tidy. A practice nurse was the infection control clinical lead, they liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken. Changes as a result of audits and training included; new pedal bins which could not, physically, be opened by hand, new shelving to secure the sharps bins and, despite the fact the practice was moving imminently to a purpose built facility, a new floor in the treatment room.
- 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). There were processes for handling repeat prescriptions. Patients prescribed high risk medicines, such as certain chemotherapy agents, and medicines where the care was shared with a secondary care provider were regularly audited. This was to help ensure that the necessary tests had been done, either by the practice or the hospital. Where patients had not been in to the practice for their blood tests there was a system to limit the amount of the medicines prescribed them until they had been tested. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to help ensure prescribing was in line with best practice guidelines for safe prescribing. The practice's prescribing records showed that they were in line with other practices with a similar patient population.
- Blank prescription forms and pads were securely stored and there were systems to monitor their use. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The healthcare assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked (September 2016) to ensure the equipment was safe to use and clinical equipment was checked (September 2016) to ensure it was working properly. The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota 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 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. The was a panic button a reception linked to the police system.
- The practice was small and had a policy to minimise lone working. Staff who booked evening appointments tried to ensure the patients were known to the practice. Where this was not possible other staff remained on duty. There were instructions that the reception was to be locked if staff were left alone, as for example if the GP was unexpectedly called out.
- All staff received annual basic life support training and there were emergency medicines available in the

Good

Are services safe?

treatment room. The practice had been called to four emergencies in the town over the last year where their training and emergency kit had been used and was found to be fit for purpose.

- 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 for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Outstanding ☆

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 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. For example the practice provided 24-hour ambulatory blood pressure monitoring as a means of confirming a diagnosis of primary hypertension as recommended by NICE clinical guidance number 127.
- There had been an audit of the use of NICE guideline 69, respiratory tract infections and antibiotic prescribing. This had led to clinical discussions reinforcing the use of the guidelines. An example of national best practice was provided by the use of the Cardiff health check for patients with learning disability.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published (2015-2016) results showed the practice achieved 100% of the total number of points available, with 11% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The clinical commissioning group (CCG) exception reporting rate was 11% and the national rate was 12%. The practice was not an outlier for any QOF (or other national) clinical targets.

The most recent published results showed:

- There are 11 indicators for the management of diabetes, these can be aggregated. The aggregated practice score for diabetes related indicators was 100% compared with the CCG average of 94% and the national average of 90%.
- The percentage of patients on the diabetes register, with a record of a foot examination and a risk classification within the proceeding twelve months was 92% compared to a national average of 89%. The practice had outperformed the national average by between 4% and 14% every year over the last ten years.
- Seventy seven percent of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- The percentage of patients with chronic obstructive pulmonary disease ((COPD) - a long term respiratory condition) having an annual check by a healthcare professional was 95%. This was better than the CCG and national averages at 90%. The practice had exceeded the national average by between 2% and 7% every year over the last six years.
- Performance for mental health related indicators was better than the CCG and national average. For example, the percentage of patients with schizophrenia and other psychoses who had a comprehensive care plan in the preceding 12 months, agreed between individuals, their family and/or carers was 90%. This was better than the CCG at 83% and the national average at 88%. The practice had outperformed the national average and local average every year for the last four years.
- The practice kept a record of all home visits (including out of hours service visits and attendences and accident and emergency attendences). This was updated each week. The practice used it to see if any patients were receiving an increased number of visits which might indicate a deterioration in their condition.
- The number of emergency admissions per 1000 patients per year for certain recognised conditions, at 14, was marginally less that the CCG and national average of 15 despite the practice having significantly more elderly patients.
- There are common long-term conditions, where it is recommended the patients have an annual influenza vaccination. The practice results for the three conditions where results were readily available were; diabetes 99% against the CCG average of 93% and national average of

94%, COPD 100% (for the second year running) against the CCG average of 95% and national average of 97% and coronary heart disease 97% against the CCG average of 98% and national average of 95%.

There was evidence of quality improvement. Clinical audits included:

- Patients over 35 with a body mass index of over 30 on combined oral contraception. As a result of the audit a nuber of patients were moved to alternative forms of contraception.
- A two cycle steroid injection audit, following which one of the staff went for further training.
- A two cycle urine dip audit. The results of this had led to more targeted treatment of urinary tract infections.
- The fitting of intrauterine contraceptive devices was audited annually. As a result of the last audit the practice changed the process. Patients now have two appointments, the first for counselling and tests for infection and the second for the fitting itself. The practice reported that this had better prepared patients for the intervention.

Other data was used to promote quality improvement

- For example the practice felt that its prevalence of dementia was lower than the age of the population would indicate. It conducted an audit and arranged additional staff training. As a result the rate of the number of cases identified had risen, faster than other practices locally and nationally.
- The practice recorded all home visits (including out of hours service visits). This was updated each week. The practice used the data to see if any patients were receiving an increased number of visits which might indicate a deterioration in their condition.

The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice was a member of the Primary Care Clinical Research Network (PCRN). As part of the PCRN they were involved in three projects

- An observational study to try and identify which symptoms and examinations were most effective in diagnosing lung or colon cancer.
- The monitoring of treatments and outcomes for patients newly diagnosed with atrial fibrillation (a disease manifest by a fast and irregular heart beat).
- A study of patients with hypertension (abnormally high blood pressure) to determine whether it is more beneficial to take medication in the morning or the evening.

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. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example a practice nurse had had addition training to enable them to carry out structured reviews of asthma patients.
- We spoke with the healthcare assistant, they had received an increase in the responsibility of their role each year since their employment and this was driven by their annual appraisal. They had started doing simple blood pressure tests and had been supported by the practice to complete formal healthcare assistant training. Subsequently they took responsibility for designing displays in the reception area, having completed displays in dementia and the impact of alcohol. They had assumed responsibility for the carers' pack, with liaison from the practice participation group and now acted as the link between the practice and the Age Concern day centre in the town.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. One staff member taking cervical smears noticed that their rate of "inadequate" smears had risen. Even though it was still within the expected norms they undertook further instruction and saw the inadequate rate fall. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

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

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

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. The practice had changed its patient record system as that it could work more closely with other practices and within the vanguard site – called Encompass.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.
- Monthly meetings took place with other health care professionals including the GPs, healthcare assistant, the practice manager, the local hospice, district nurses, health visitor and members of the local health and social care team. Care plans were routinely reviewed and updated for patients with complex needs. Vulnerable patients were identified and their needs discussed.
- One of the GPs had a special interest in ear, nose and throat medicine. This is an accredited qualification. The GP saw patients from across the community and this had the effect of improving services for patients by reducing delays, improving access and keeping care closer to home.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits. Audits for minor surgery showed that 100% of patients had consented to the treatment.

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 such as on their diet, smoking or alcohol cessation. Patients were signposted to the relevant service.

- The practice's uptake for the cervical screening programme was 84%, which was comparable to the CCG and the national averages of 82%. The practice telephoned patients who did not attend for their cervical screening test to remind them of its importance. The practice had easy read information for patients with a learning disability and ensured that there was a female sample taker was available. There were systems to help 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 participate in national screening programmes for bowel and breast cancer screening. For example, 71% of women aged between 50 and 70 had attended screening for breast cancer which was comparable to both the CCG average of 75% and national average of 72%. Bowel cancer screening was similar to local and national averages, for example at 57% compared with the CCG average of 60%.

Childhood immunisation rates for the vaccinations given were high compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given at 12 months ranged from 97% to 100%, national averages being from 73% to 93%. For children at

Outstanding ☆

Are services effective?

(for example, treatment is effective)

24 months the averages ranged from 91% to 100% the national averages being from 73% to 95%. For five year olds the averages ranged from 80% to 93%, national averages being from 81% to 95%..

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.

Outstanding ☆

Are services caring?

Our findings

Kindness, dignity, respect and compassion

We observed members of staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 30 patient Care Quality Commission comment cards we received were positive about the service experienced. The cards said that the staff were compassionate and caring. They said the service from the GPs and nurses was excellent, several mentioning the quality of the clinical care. Nine of the cards specifically mentioned the reception staff and the theme was that they went "above and beyond" to try and meet patients' needs.

We spoke with three members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

Results from the National GP Patient Survey showed patients felt they were treated with compassion, dignity and respect. The practice was consistently above average for its satisfaction scores on consultations with GPs and nurses. It was significantly better for its satisfaction scores on the helpfulness of receptionists.

- 98% said the GP was good at listening to them compared to the CCG average of 91% and national average of 89%. When asked the same question about nursing staff the results were 99% compared to the CCG average of 94% and national average of 91%.
- 98% said the GP gave them enough time compared to the CCG average of 90% and national average of 87%. When asked the same question about nursing staff the results were 98% compared to the CCG average of 95% and national average of 92%.
- 99% said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%. When asked the same question about nursing staff the results were 100% compared to the CCG and national average of 97%.
- 96% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%. When asked the same question about nursing staff the results were 100%compared to the CCG average of 92% and national average of 91%.
- 97% said they found the receptionists at the practice helpful compared to the CCG average of 90% and national average of 87%.

The clinical commissioning group (CCG) had recently conducted a patients' survey. For all the questions that related to caring for patients the practice scored in the top three of 21 practices.

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 corroborated this. We looked at anonymised care plans and saw they 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 markedly above local and national averages. For example:

- 96% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%. When asked the same question about nursing staff the results were 99%compared to the CCG average of 92% and national average of 90%.
- 95% of patients 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 82%. When asked the same question about nursing staff the results were 96%compared to the CCG average of 87% and national average of 85%.

Outstanding ☆

Are services caring?

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

- There were translation services.
- Information leaflets were available in easy read format.
- A loop system for patients who were hearing impaired
- Sign language interpretation was provided for deaf patients.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 90 patients as carers. This was approximately 2% of the practice list. There was a comprehensive "carers pack" for patients and others who had become carers or needed care. This was kept up to date, for example there were details of manual handling training event for carers.

When families had suffered bereavement the practice sent them a bereavement card which, the practice told us, was appreciated by the families. The card was either followed by a consultation at a flexible time and location if necessary to meet the family's needs. There was advice on how to find support services.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified. For example there were three physiotherapy sessions and three counselling session at the practice each week.

- 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.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. There was a "watch list" for particularly vulnerable patients and they had priority same day appointments if they called for them.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately or were referred to other clinics for vaccines available privately.
- There were disabled facilities on the ground floor though the consulting rooms were upstairs. If a disabled patient had an appointment with a GP they were seen downstairs.
- There was a hearing loop and translation services
- The practice provided care for residential pupils at a nearby state boarding school.
- The practice provided services to a care home for patients with mental health conditions. We spoke with staff at the home. They told staff and GPs were very responsive to the residents' needs. They said GPs had a good understanding of mental health, the Mental Capacity Act and were "brilliant" with the service users. They told us that the GPs provided a very effective liaison between the service users and the consultants managing their care. The home was able to make special arrangements to bring service users to the practice at quiet times.
- All the patients over 75 years of age had been invited to complete a frailty assessment. All those over a certain frailty score were invited to the practice for a further assessment. The practice and the patient made anticipatory care plans and these were saved into the patient's record.
- The practice provided services to a local care home for vulnerable children. We spoke with staff from the home. They found the practice very supportive and told us the practice always saw them on the same day if they (the staff) said that it was necessary.
- The practice worked in partnership with a day centre for the elderly in the town. Staff from the day centre had provided training in dementia awareness leading to the practice becoming a dementia friendly practice. Staff referred patients to the day centre when there was a need to address their social needs, such as loneliness, as well as their medical needs.
- The practice was an accredited "child friendly" practice under a local authority scheme. This had involved extra training for staff and the authority checking on the practices' ability to recognise and managed child related issues.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.30am to 12 noon and 2.30pm to 5.30pm daily. There were no extended hours appointments as the practice was not contracted to provide them. However the GPs did see patients outside the advertised hours if necessary.

Appointments could be booked up to six weeks in advance and there were urgent appointments available on the day. Patients told us that they were able to get appointments when they needed them. On the day of the inspection we heard a patient call at 9.55am and receive an appointment for 3.40pm. Another patient called at 10.20am and received an appointment for 4.30pm. Other patients who called with pressing needs received telephone consultations.

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

- 83% of patients were satisfied with the practice's opening hours compared with the CCG average of 79% and the national average of 76%.
- 94% found it easy to get through to the practice by phone compared with the CCG average of 83% and the national average of 73%.
- Appointments generally ran on time; 81% of patients usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 68% and the national average of 65%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

- There was continuity of care 66% of patients usually got to see or speak to their preferred GP compared with the CCG average of 65% and the national average of 59%.

The practice had a system to assess:

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

The call was referred to the duty GP who decided on the course of action. In cases where the urgency was so great that it would be inappropriate for the patient to wait for a GP home visit, there was a paramedic home visiting service. Paramedics would only visit when and if the GP felt the case was appropriate, or if an urgent visit was required and no GP was immediately available. This service was provided collaboratively through the vanguard, Encompass. Encompass had carried various reviews of the service and we were told that there was strong support for it from the public and GPs. We were told that when admission to accident and emergency was necessary having paramedics involved improved the speed and process of admission for the patient.

Listening and learning from concerns and complaints

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

- 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 for instance in the practice leaflet.

We looked at the four complaints received in the last 12 months and found the complainants had received timely and comprehensive replies to the issues raised. Lessons were learnt from individual concerns and complaints. These included changes to procedures for prescriptions for controlled drugs, further training for staff in prescribing medicines for pain relief and changes to the management of baby immunisations.

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.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values. The statement included a commitment to evidence driven care. We saw that this was acted on. For example the practice felt that its prevalence (the number of cases per thousand patients) of dementia was lower than the age of the population would indicate. It conducted an audit and arranged additional staff training. As a result the rate of the number of cases identified has risen, faster than other practices locally and nationally.
- The practice had a strategy and supporting business plans which reflected the vision and values and were regularly monitored. There was clear planning. The two practices in the town both recognised the advantages of merging and had been planning this for some time. The start of the next financial year (April 2017) had been identified as an opportune time. Staff from both organisations had been meeting to identify and preserve the best practices. There was a specific work stream aimed at maintaining the personal service, so valued by patients, whilst reaping the benefits, to patients, of a larger more diverse organisation.

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 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. For example the practice checked hospital admissions daily and if a patient was admitted who was their list of those most at risk, the practice contacted them.
- There was a lead for QOF performance. All staff, including reception staff, worked together in identifying and following up on outstanding QOF alerts, for example a missed influenza vaccination, when a patient came to the practice for whatever reason. The success that the practice had was evidenced by their results in administering influenza vaccinations (see the effective domain).

A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.

- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example the watch list for very vulnerable, often mental health, patients; and the home visiting record (including out of hours service visits) which was used to try and identify if a patient's condition was deteriorating.

Leadership and culture

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

The provider was aware of and had systems 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 training for staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people 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 and staff felt supported by management.
- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. There was a scheme of staff meetings which enabled all staff to make an appropriate contribution to the practice.
- Staff were well supported. There had been an incident involving a violent patient refusing to leave the practice.

Are services well-led?

Outstanding ☆

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

The senior partner had been called and had attended from home, taking charge of the incident, which was resolved without harm after some hours. There was a full debrief the following day, led by the senior partner, of all those involved. The practice recognised that staff might need more professional support and this was offered. All staff contributed to a fuller meeting about safety and security at work which resulted in several changes to practise.

- 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 PPG had put together the carers' pack, because of their knowledge of local services, that the practice gave to new carers. The PPG had been influential in how the waiting area had been refurbished. The PPG was involved in discussions about the merger and its impact on the community.

- The practice had gathered feedback from staff through meetings, appraisals and discussion. Staff told us they were proud to work for the practice and spoke highly of the culture. 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. Examples of staff influencing change included; staff working on the setup of the merged practice reception to provide the best from the two practices and, after a staff member had been on relevant training, a new system for handling prescriptions in reception.

Continuous improvement

There was a proactive approach to seeking out and embedding new ways of providing care and treatment. The practice was a member of the vanguard Encompass with one of the partners on the board. Benefits for patients from this included:

- GPs with special interests (GPwSI) and one partner was a GPwSI in ear, nose and throat medicine. This improved services for patients by reducing delays, improving access and keeping care closer to home.
- The practice was involved in setting a community hub operating centre (CHOC) within the town. This involved bringing together a team from different disciplines such as mental health, social care, community nursing, voluntary organisations and GPs to help make sure that the identified patients had a joined up care plan, which met their needs, and focused on keeping them well at home.
- The practice provided social prescribing. For some conditions such as mental health or those related to aging some patients might be better served by attending a group or accessing a community service, to address issues such as loneliness and social isolation, than by taking medicines. There were two social prescribers available through Encompass. They were able to access almost 400 voluntary and care organisations in the local community.

We spoke with the healthcare assistant. They said they had received an increase in the responsibility of their role each year since their employment and said this was driven by their annual appraisal. They had started doing simple blood pressure tests and had been supported by the practice to complete formal healthcare assistant training. They subsequently sought, and were supported with, additional responsibilities such as for designing displays in the reception area.

The practice was a teaching practice, involved in research and one GP was an appraiser of other GPs. Thus all the staff were to some degree involved in activities where the clinical knowledge and decision making of GPs and nurses was under constant review.