

Dr IJ Mantella & Partners

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 Dr.I.J. Mantella & Partners on 17 January 2017. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvement are:

- The provider should explore how they could further improve how complaints received from service users are processed.

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.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- The practice had identified 240 patients as carers (3% of the practice list) and had produced a carer's guide containing useful information about support groups, benefits and services. Dementia support directories had also been produced offering

Good



Summary of findings

information about local and national support groups. There were dedicated notice boards and a section on the website, as well as a young carers guide. The health care assistant also carried out health checks for young carers.

- 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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice had joined other local practices in the delivery of the CCG's Achieving Clinical Excellence (ACE) programme, part of which aimed to reduce unplanned admissions in the frail elderly. This involved regular meetings with the lead GP from each surgery to scrutinise admissions data and the recruiting of senior Community Matrons as care co-ordinators to manage this group of patients more efficiently.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. Following a recent upheaval in the nursing

Good



Summary of findings

department, the practice was continuing to develop their nursing team's roles, responsibilities and skill sets, with additional plans to introduce an advanced nurse practitioner to complement the team further.

- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- 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 was part of a group committed to delivering the Clinical Commissioning Group's (CCG) Achieving Clinical Excellence programme. This included a project aiming to reduce unplanned admissions in the frail elderly. Lead GPs from each practice were meeting each week to examine admissions data and were supported by a group of community matrons employed as care co-ordinators, to ensure local services were fully utilised and to organise safe and early discharge of those admitted and after their discharge.
- In conjunction with two local practices, the practice had committed to an ACE Plus project, designed to identify unmet health and social care needs in the frail elderly. A key element of this process had seen the introduction of a community nurse to support those patients who were not easily identified through pre-existing disease groups and who were not already in the system. The key aims were to identify unmet health and social care needs, to carry out falls assessments and dementia screening, which included carer support.
- The practice was a pilot site for an Age Concern wellbeing co-ordinator project, offering weekly drop-in sessions at the practice.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was better than CCG/national averages. For example, 84% of patients in whom the last BP reading in the last months was 140/80mmHg or less, compared to a CCG average of 75% and a national average of 78%.

Summary of findings

- 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. Annual reviews were allocated a forty minute appointment. 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

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. 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. For example, dedicated nurse led health checks were offered to 16-year olds, focussing on healthy lifestyle and contraception. This system was also used to identify young carers.
- 85% of women aged 25-64 were recorded as having a cervical screening test in the preceding five years. This compared to a CCG average of 79% and a national average of 81%.
- 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.

Good



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

Good



Summary of findings

- Practice nurse and health care assistant appointments were available from 8.30am and worker's appointments were available up until 5.50pm.
- Routine GP appointments were available to pre-book from 8.30am.
- NHS health checks were routinely encouraged.

People whose circumstances may make them vulnerable

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

Good



- The practice offered longer appointments for patients with a learning disability. The practice had 13 patients with a learning disability on their register, 10 of whom had received a health check in the last year. The remaining patients were being encouraged to attend.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- For those patients with severe visual or hearing impairment, their notes were annotated to enable all staff to be aware of their individual needs.
- 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.

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).

Good



- 77% 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 CCG average of 85% and the national average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive agreed care plan documented in their record in the last 12 months. This compared to a CCG average of 88% and a national average of 89%. However, the overall exception rate was higher than expected at 44% and the GPs shared with us their plan for improvement, which had already begun to produce positive results.

Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- A dedicated dementia support directory had been developed, which included all local third sector and charitable support available.
- The practice carried out advance care planning for patients with dementia.
- The practice had 32 patients on its mental health register, 16 of whom had received an annual review in the last 12 months.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

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. 233 survey forms were distributed and 122 were returned. This represented 2% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the CCG average of 61% and the national average of 73%.
- 81% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 69% and the national average of 76%.
- 89% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and the national average of 85%.
- 93% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 76% and the national average of 79%.

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. All staff were very caring and treated patients with respect and appointments were always found one way or another for those who needed them quickly.

We spoke with four patients during the inspection. All said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice invited patients to complete the NHS Friends and Family test (FFT). The FFT gives each patient the opportunity to provide feedback on the quality of care they received. We looked at the results for 2016 and these showed that 91% of patients were "extremely likely" to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

- The provider should explore how they could further improve how complaints received from service users are processed.

Dr IJ Mantella & Partners

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.

Background to Dr IJ Mantella & Partners

The practice is located in Sutton Coldfield. Ample parking is available on-site. The surgery occupies a two-storey building and is suitable for disabled patients. There are five GPs, four of whom are partners and a salaried GP, each working between four and eight sessions. Two of the GPs are female and three are male. There are four part-time practice nurses, three of whom are working on a locum basis and a part-time health care assistant. There is a full-time practice manager, supported by a team of part-time administrators, receptionists and a medical secretary.

The practice is a teaching practice for GPs in training.

The practice is open between 8am and 8pm on Mondays and between 8am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Appointments are from 8.30am to 11.30am for routine and urgent appointments, and an urgent overflow surgery is available between 11.30am and 1pm Mondays to Fridays. On Monday afternoons appointments are available between 3.20pm and 6pm for routine and urgent appointments and on Tuesday, Wednesday, Thursday and Friday afternoons, between 2.50pm and 6pm. The practice offers an extended hours surgery on Monday evenings between 6.30pm and 8pm. When the practice is closed, patients are directed to the Badger out of hours service.

In addition to pre-bookable appointments that can be booked up to four weeks in advance, urgent appointments were also available for people who need them.

There are 7,606 registered patients on the practice list.

The practice is part of a group of five local practices, known as the 'Sutton 5', who have worked collaboratively over the past two years and are planning to formalise this arrangement with a merger of the practices during 2017.

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 17 January 2017. During our visit we:

- Spoke with a range of staff including four GP partners' and a doctor in training, a practice nurse, the health care assistant, the practice manager, an administrator and a receptionist.
- Spoke with patients who used the service.

Detailed findings

- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.'

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

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to 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

There was an effective system in place for reporting and recording significant events.

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of any significant events.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed, as well the prescribing of high risk medication and MHRA alerts, such as the withdrawal of a drug which had resulted in a search of patient records being carried out and suitable action taken with the patients concerned.
- We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a cold chain incident, which had taken place in December 2016, action was taken and appropriate advice obtained from external bodies, such as the local Public Health England immunisation and screening team, as well as the CCG and the Local Medical Committee (LMC). Other practices in the 'Sutton 5' group were called upon to ensure planned clinics were delivered without disruption. We saw evidence that this incident had been widely discussed in meetings throughout the practice and had offered the opportunity to review and improve their existing policies and procedures.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Other staff were trained to levels 1 and 2.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken, the most recent of which had been carried out by the CCG's infection control team and a score of 95% had been achieved. We saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines.

Are services safe?

- Auditing of prescriptions was routinely done every eight weeks. However, to ensure the administering and recording of patient medication was accurate and up-to-date; the practice had introduced a revised protocol which described how this process would now be done every four weeks. Uncollected prescriptions would systematically be removed and all remaining ones checked by the GP lead for prescribing. Any prescriptions not collected within one month of issue would be removed and reviewed against the patient's record using criteria such as whether the patient was in one of the vulnerable groups, being prescribed a high risk, or a controlled drug. In addition, when any prescription remained uncollected, it would be destroyed and the patient's record updated accordingly.
- The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed two personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available in the reception. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice 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 results were 100% of the total number of points available. Overall, exception reporting was 8%, compared to a CCG and national average of 10%.
- For those patients experiencing poor mental health, exception reporting was 30%, compared to a CCG average of 10% and a national average of 13%. This included blood pressure and alcohol at 24%, and cervical screening at 50%. The GPs were aware of this historical problem and shared with us their plan for improvement. This included telephoning patients to invite them for annual review as well as by letter. Record keeping and coding had been reviewed and a register of vulnerable patients created to include all patients on their mental health register. A lead GP had been identified, who monitored performance and acted as the point of contact on all mental health issues. As a result, a review carried out in January 2017, showed of the 32 patients on the register, 22 had received a mental health review (69%), and had a care plan agreed in their record. Four patients had declined, a response was awaited from three patients and two had specifically said they did not wish to be contacted regarding mental health reviews. (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 2015/16 showed:

Performance for diabetes related indicators was better than the national average. 84% of patients whose last BP reading, measured in the preceding 12 months was 140/80mmHg or less, compared to a CCG average of 75% and a national average of 78%. Performance for mental health related indicators was similar to the national average. For example, 96% of patients with mental health conditions had had their smoking status recorded in the preceding twelve months, compared to a CCG and national average of 95%. However, some exception reporting for this domain was high and this was being addressed by the practice.

There was evidence of quality improvement including clinical audit.

- There had been seven clinical audits completed in the last two years, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits and peer review.

Findings were used by the practice to improve services. For example, the practice looked at those patients diagnosed with peripheral arterial disease, which included monitoring and control of their blood pressure; diabetes screening; recording of smoking data and a review of their medication. In addition, following an audit of three types of antibiotic, the practice was able to reduce the prescribing of these by nearly 80% and their overall antibiotic prescribing by 12%.

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.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could

Are services effective?

(for example, treatment is effective)

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, 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.

- 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. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, such as those with long-term conditions, mental health issues and other vulnerable groups.

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.
- The practice was part of a group committed to delivering the Clinical Commissioning Group's (CCG) Achieving Clinical Excellence programme. This included a project aiming to reduce unplanned admissions in the frail elderly. Lead GPs from each practice were meeting each week to examine admissions data and were supported by a group of community matrons employed as care co-ordinators, to ensure local services were fully utilised and to organise safe and early discharge of those admitted and after their discharge. Compared to practices who were not participating in this scheme, the positive outcomes included fewer deaths in hospital; a reduction in the number of bed days and a reduced length of hospital stay.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support and signposted them to the relevant service. For example:

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation.
- The practice was a pilot site for an Age Concern wellbeing co-ordinator project, offering weekly drop-in sessions at the practice.

The practice's uptake for the cervical screening programme was 82%, which was better than the CCG average of 69% and the national average of 74%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe

Are services effective? (for example, treatment is effective)

systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG and national averages. For example, childhood immunisation rates for the

vaccinations given to under two year olds ranged from 94% to 96, and for five year olds from 95% to 100%, compared to a CCG range of 83% to 95% and a national range of 88% to 94%.

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.

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. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with two members of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 92% and the national average of 92%.
- 94% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% national average of 91%.
- 92% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 89% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 80% and the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 83% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We were unable to see notices in the reception areas informing patients this service was available and the practice manager agreed to rectify this straightaway.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 240 patients as carers (3% of the practice list). The HCA offered dedicated carer health checks and the practice had written a carer's guide, containing useful information about support groups, benefits and services. They had also created useful carer and dementia support directories, which offered information about local and national support groups.

Dedicated notice boards and a section on the website for carers had been introduced, as well as a young carers guide. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them to offer support. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service. The practice had also compiled a bereavement directory, signposting the bereaved to a variety of services offering appropriate support.

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. As part of an ACE plus initiative, in collaboration with two other practices, a Community nurse had been employed to monitor the care of the frail elderly. The key aims were to identify unmet health and social care needs and to carry out falls assessments and dementia screening, together with offering carer support and signposting to other services.
- The practice had 32 patients on its mental health register, 16 of whom had received an annual review in the last 12 months.
- The practice offered a surgery on a Monday evening until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability. There were 13 patients on the register, 10 of whom had received health checks in the previous 12 month period.
- 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.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between 8am and 8pm on Mondays and between 8am and 6.30pm on Tuesdays, Wednesdays, Thursdays and Fridays. Appointments were from 8.30am to 11.30am for routine and urgent appointments, and an urgent overflow surgery was available between 11.30am and 1pm Mondays to Fridays. On Monday afternoons

appointments were available between 3.20pm and 6pm for routine and urgent appointments and on Tuesday, Wednesday, Thursday and Friday afternoons, between 2.50pm and 6pm. The practice offered an extended hours surgery on Monday evenings between 6.30pm and 8pm. When the practice was closed, patients were directed to the Badger out of hours service.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Patients were able to use online services to book appointments and order repeat prescriptions.

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

- 81% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 61% and the national average of 73%.

People told us on the day of the inspection that they were able to get appointments when they needed them. The 30 CQC comment cards we looked at also told us that this was also the case.

The practice had a system in place to assess:

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

The reception staff used a list of questions in order to eliminate the possibility of an emergency situation. The request would be recorded and the GP could call the patient for triage purposes to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- Information was available to help patients understand the complaints system and a notice was displayed in the reception area. However, this needed to be more prominent, especially for those patients with a visual impairment. Information on how to make a complaint was contained in the patient information booklet and on the website.
- There was a log of all complaints which enabled staff to track progress and actions taken. For example; the

complaints log enabled staff to record date received, category of complaint, staff involved, date first acknowledgement letter was sent, date discussed at practice meeting and details of the final conclusion.

We looked at five complaints received in the last 12 months and found these had been satisfactorily handled and dealt with in a timely way, with openness and transparency and to the complainant's satisfaction. Lessons were learnt from individual concerns and complaints and also from analysis of trends. Action was taken as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients.

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a business strategy and supporting plans which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were firm arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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 the practice team.

The practice had experienced serious staffing issues over a relatively short period of time, which had resulted in the loss of senior and experienced personnel, including two GPs, nursing staff and the assistant practice manager. Under these circumstances, the practice had maintained high levels of patient satisfaction and a committed team of

staff. The practice was continuing to develop their nursing team's roles, responsibilities and skill sets, with additional plans to introduce an advanced nurse practitioner to complement the team further.

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

- The practice gave affected 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 in place and staff felt supported by management.

- Staff told us the practice held regular team meetings. We saw examples of these where issues such as prescribing; significant events; complaints and safeguarding were discussed.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. It proactively sought patients' feedback and engaged patients in the delivery of the service.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted

Are services well-led?

Good 

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

proposals for improvements to the practice management team. For example, they told us of their involvement in making decisions about how the practice should run, such as being kept up to date with the practice's merger plans. We were informed of other initiatives including, the introduction of a patient information television in the main waiting area, and negotiating with the local council for double yellow lines to be painted on the main road leading into the practice car park, to improve visibility for visitors to the practice.

- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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

area. For example, as part of the ACE Excellence programme, a group of local practices had been working collaboratively to monitor unplanned admissions and to ensure early safe discharge for patients over the age of 70. Post discharge reviews were held and services were redesigned where a need was indicated. The practice had joined other local practices in the delivery of the CCG's Achieving Clinical Excellence (ACE) programme, part of which aimed to reduce unplanned admissions in the frail elderly. Lead GP's from each practice were meeting each week to scrutinise admissions data and a team of senior Community Matrons were jointly employed to liaise with other agencies. The main aims being to avoid acute admissions through better utilisation of local services, organising safe and early discharge of those admitted and the review of those patients following discharge.

- The practice held regular continuous professional development sessions and also discussed these at practice meetings. In-house clinical update sessions had also been held, including a recent series of discussions on respiratory illnesses.