

Dr G Horton's Practice

Quality Report

College Road Surgery
452 College Road
Kingstanding
Birmingham
B44 0HL

Tel: 0121 3738842

Website: www.collegeroadsurgery.co.uk

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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 G Horton's Practice on 07 July 2016. 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.
- The practice premises were exceptional, had received a nationally recognised sustainability award, supported excellent infection control standards and was designed to meet the varied need of the practice population.
- 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.
- Despite the challenges of high levels of deprivation the practice performed well in relation to patient outcome indicators compared to other practices locally and nationally.
- Feedback from patients about their care was consistently positive.
- 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.
- Most patients said they found it easy to obtain an appointment with urgent appointments available the same day. Getting through on the phone was the main issue raised.
- 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 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.

Summary of findings

The areas where the provider should make improvement are:

- Consider whole staff meetings in which all staff groups have the opportunity to formally contribute to the running and development of the practice.
- Review and implement ways in which the identification of carers might be improved so that they may receive support.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was 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. The practice had achieved 100% in their latest infection control audit.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Despite the challenges of high levels of deprivation and diverse population needs data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly when compared to practices nationally.
- There was a proactive approach to personalised care for diabetic patients, reviews were led by patient need and preference resulting in higher QOF scores and improved outcomes.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and improved prescribing.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Staff were well supported, the practice invested in its staff to ensure they had the skills to meet the needs of patients.
- There was evidence of appraisals and personal development plans for all staff.
- Health and social care professionals were very positive about how the practice worked with them to ensure patients received high quality care.

Summary of findings

- A wealth of accessible health information was displayed through the television system which the practice was able to control.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for many 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.
- Views of external stakeholders were very positive and aligned with our findings.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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. We received positive feedback from the CCG about the practice and how they supported other practices locally.
- Patients satisfaction with the service received was very high with 97% of patients who responded to the national patients' survey saying their overall experience was good and 94% of respondents saying they would recommend the service.
- Despite a significantly increasing population and demands on the service feedback on access to services was positive, most said they found it easy to make an appointment with urgent appointments available the same day.
- The practice had exceptional facilities and was well equipped to treat patients and meet the range of needs of the population served. Including braille door signs, contrasting colours to support patient safety, wide spaces.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Complaints were thoroughly investigating with learning from complaints identified and shared with staff.

Summary of findings

- The practice had received letters of thanks from two patients from the practice for support received, both of whom were vulnerable.

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 their responsibilities in relation to it to deliver good quality care.
- 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. However, no whole staff meetings operated to ensure all staff had an opportunity to formally contribute to the running and development of the practice.
- 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.

Good



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. Care plans were in place for those at risk of unplanned admissions.
- Systems were also in place to review the needs of those who had an unexpected hospital admission.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. This included health checks for those over 65 years who were housebound.
- The premises were accessible to patients with mobility difficulties. A large porch provided space for parking mobility scooters and a practice wheelchair was available for those who might need it.
- Various services were hosted by the practice which would benefit this population group such as hearing and anticoagulation clinics.
- The practice provided flu and shingles vaccinations to relevant patients. Data for 2015 showed uptake of flu vaccinations in patients over 65 years was similar to other practices within the local clinical network. Although the practice was able to show year on year improvements in the uptake of shingles vaccinations.
- The practice regularly met with hospice and district nurses to discuss and plan the care of those with end of life care needs.
- The practice received positive feedback from care homes in which patients of the practice were registered.
- The practice was participating in a pilot project which is running between July 2016 and July 2017 targeting support for frail and socially isolated patients.

People with long term conditions

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

Good



- Clinical staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- All these patients had a named GP and at a minimum a structured annual review to check their health and medicines needs were being met.

Summary of findings

- Diabetes reviews were based on individual needs rather than set timescales.
- For those patients with the most complex needs, the practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Given the levels of deprivation the practice performed exceptionally well compared to CCG and national averages in relation to patient outcomes for many long term conditions and had lower exception reporting rates. Overall performance for diabetes related indicators (2014/15) was 97% which was higher than the CCG average and national average of 89%.
- Longer appointments and home visits were available when needed.
- The practice offered a range of services to support the diagnosis and management of patients with long term conditions for example insulin initiation, electrocardiographs (ECGs), ambulatory blood pressure monitoring and spirometry. Phlebotomy services were available daily on a sit and wait basis to avoid the need for patients to attend the practice twice. Anticoagulation services were also hosted on-site.

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.
- Children and young people were treated in an age-appropriate way and were recognised as individuals. The premises were well adapted for those with young children and included a purpose built room for breast feeding and baby changing facilities. This was large enough to easily accommodate pushchairs and included comfy chairs and space for other children to move about.
- Given the high levels of deprivation in the area the practice's immunisation rates were higher than CCG averages for the most of standard childhood immunisations.
- Appointments were available outside of school hours and children were able to obtain same day appointments.
- Health visitors and midwives were very positive about the joint working arrangements with the practice and support to meet patient needs.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered online services for appointments and prescriptions. Text messaging was also used to remind patients of appointments and for ease of cancelling appointments no longer required.
- The practice provided a wealth of health promotion information which was available on the television screen in the waiting area. The partners had full control over what was screened on the televisions which enabled them to keep information updated and topical without commercial influences. The patient participation group also supported improvements in the delivery of information to patients and regularly refreshed the information displayed.
- Extended opening hours were available on a Monday evening between 6.30pm and 8.30pm to support those with work commitments that could not attend during the day. Patients were able to book during with either a GP or nurse.
- A variety of services were provided to this group of patients including sexual health and contraception, travel vaccinations available on the NHS, smoking cessation services and NHS health checks.
- Given the practice was located in the 10% most deprived areas they performed well in relation to uptake of national screening programmes and actively promoted attendance. Uptake for breast screening was above CCG and national averages and for bowel screening in line with CCG and national averages. They were also participating in screening for abdominal aortic aneurysms.

People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability, patients who were housebound and those with caring responsibilities.
- The practice offered longer appointments for patients who needed them for example, those with a learning disability.

Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- Information for patients to access various support groups and voluntary organisations was available.
- 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.
- There was a dedicated nurse who undertook health reviews for patients with a learning disability who received support from the learning disability team. During 2015/2016 the practice had reviewed 62% of patients registered with a learning disability.
- Patients on the learning disability registered also received patient passports which enabled them to record important information including likes and dislikes should they move between services.
- Patients with no fixed address were able to register with the practice using the practice address and we saw evidence that this had been done sensitively.
- We saw evidence of thanks given to the practice from patients in vulnerable circumstances for the support from the practice including patients made homeless and patients with a learning disability.

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).

- 83% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the CCG average of 82% and national average of 84%.
- 98% of patients with poor mental health had a comprehensive, agreed care plan documented in the record, in the preceding 12 months. This was higher than the CCG average of 89% and national average 88%.
- The practice had lower rates of exception reporting than both the CCG and national average for mental health and dementia indicators. Generally, low exception reporting means more patients receive treatment.
- The practice held six monthly meetings with the psychiatrist and community psychiatric nurse to discuss the care of those with poor mental health.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice hosted adult and adolescent counselling services for those with mental conditions such as anxiety and depression.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing issues relating to poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016 showed the practice was performing above local and national averages in relation to quality of consultations and mostly in line with local and national averages for access. 302 survey forms were distributed and 113 (37%) were returned. This represented approximately 1% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the CCG average of 62% and the national average of 73%.
- 63% 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 68% and the national average of 76%.
- 97% of patients described the overall experience of this GP practice as good compared to the CCG average of 83% and the national average of 85%.
- 94% 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 75% 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 34 comment cards which were consistently positive about the standard of care received. Patients described the service and staff as caring and kind. They told us that the staff took time to listen to them and that they were treated with dignity and respect by all staff. Some patients gave examples of compassionate care that they had received during difficult times.

We spoke with nine patients as part of the inspection, including the chair of the patient participation group (PPG). All the patients we spoke with said they were satisfied with the care they received, they found staff helpful and supportive. Three of the patients told us that it could be difficult getting through on the phone but were otherwise very happy with the service.

Dr G Horton's Practice

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 advisor and a CQC inspection manager.

Background to Dr G Horton's Practice

Dr Horton's Practice is part of the NHS Birmingham Cross City Clinical Commissioning Group (CCG). CCGs are groups of general practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Dr Horton's Practice is registered with the Care Quality Commission to provide primary medical services. The practice has a general medical service (GMS) contract with NHS England. Under the GMS contract the practice is required to provide essential services to patients who are ill and includes chronic disease management and end of life care.

The practice is located in purpose built accommodation with parking available. Based on data available from Public Health England, the area served is among the most deprived areas in the country (within the highest 10%). The practice has a registered list size of approximately 11,000 patients and had a slightly younger population than the national average.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments are available usually between 8.30am and 11.30pm and between 2pm and 6.30pm Monday to Friday.

The practice provided extended opening hours on a Monday evening between 6.30pm and 8.30pm.

When the practice is closed primary medical services are provided by an out-of-hours provider (BADGER).

The practice currently has five GP partners (4 male and 1 female) and one salaried GP (female). Other practice staff consist of an advanced nurse practitioner, three practice nurses and a healthcare assistant and a team of administrative staff which includes a practice manager who supports the daily running of the practice.

The practice has not previously been inspected by CQC.

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 7 July 2016. During our visit we:

- Spoke with a range of clinical and non-clinical staff (including the GPs, practice nurses, the practice manager and administrative staff).

Detailed findings

- Observed how people were being cared for.
- Reviewed how treatment was provided.
- Spoke with patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.
- Reviewed documentation made available to us for the running of the practice.

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 that occurred and there was a recording form for recording these.
- 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, an opportunity to discuss what had happened, truthful information and an apology. Information was well documented.
- The practice carried out a thorough analysis of significant events and acted on them to improve patient safety. We saw examples where the practice had sought external advice from experts so as to correctly inform patients and support future learning.

We reviewed safety records including, incident reports, patient safety alerts and minutes of meetings where these were discussed. There were robust systems in place for managing safety alerts received. We saw several examples relating to medicines and equipment items where checks had been carried out to identify if action was needed. Lessons learnt from incidents were shared with staff and more widely with other practices within the local clinical network.

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:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Safeguarding policies were accessible to all staff and contact details available for further guidance if staff had concerns about a patient's welfare. There were lead members of staff for child and adult safeguarding. The GPs attended safeguarding meetings when possible and

had hosted meetings at the practice. They also provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.

- Notices throughout the practice advised patients that chaperones were available if required. Chaperoning was undertaken by nursing staff who 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. The premises were observed to be visibly clean and tidy. They were well equipped and had been designed to support infection control practices for example, automatic taps and surfaces throughout that were easily cleaned. Staff had access to personal protective equipment. The practice nurse was the infection control clinical lead for the practice. The CCG had carried out an infection control audit in November 2015 and the practice had been the first in the CCG to score 100% compliance.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local 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 received external support for human resources which included the recruitment of staff. We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification,

Are services safe?

references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We also reviewed checks of locum staff and saw appropriate information had been supplied.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- The practice premises were exceptional and had been built with consideration for the varied needs of the practice population. The premises which were opened approximately five years ago were owned by the partners and received a BREEAM (Building Research Establishment Environmental Assessment Method) excellent rating for building sustainability. There were contractual arrangements in place to ensure the maintenance and servicing of the premises took place on a regular basis.
- The practice had undertaken a fire risk assessment and carried out regular fire drills, this was last done in February 2016. Evacuation procedures were displayed throughout the practice. Monthly checks were undertaken of the environment to identify any fire safety issues. Records showed equipment was serviced and checked regularly.
- Electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Checks had been undertaken within the last 12 months.
- 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. Staffing issues were regularly discussed at the weekly partners and practice managers meetings. As the practice list size had steadily increased additional staff had been taken on to meet increased demand on the service. There was a rota system in place for administrative staff. For clinical staff there were limitations on the number of staff that could be off at any one time and staff told us that they would support each other during absences. Locum staff were used if needed.

Arrangements to deal with emergencies and major incidents

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

- Staff received annual basic life support training and guidance from the resuscitation council was displayed in the treatment rooms for reference.
- There were emergency medicines available. The emergency medicines were stored securely and staff knew of their location. The medicines were checked to ensure they were in date.
- The practice had two defibrillator available on the premises (one on each floor of the building) and oxygen with adult and children's masks available in several treatment rooms.

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 and services. The practice had established reciprocal arrangements with another local practice should the premises become inaccessible. Although partners and the practice manager were aware of this plan we found administrative staff were not. Immediately following our inspection the practice sought to ensure all relevant staff had a copy.

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.
- We saw examples of clinical audits undertaken to check practice against NICE and local guidelines. For example, management of patients on lipid modification medicines and local prescribing guidance for antibiotics.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were for 2014/15. This showed the practice had achieved 99% of the total number of points available, which was above the CCG average of 94% and national average of 95%. Exception reporting by the practice was 7% which was lower than the CCG and national average. Exception reporting is used to ensure that practices are not penalised where, for example, when patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. Generally, lower exception rates mean more patients were treated. Data from 2014/15 showed;

- Performance for diabetes related indicators was 92% which was similar to the CCG average and national average of 89%. There was a proactive approach to personalised care ensuring reviews were led by patient need and preference resulting in higher QOF scores and improved outcomes. This was confirmed by a patient on the day of the inspection.
- Performance for mental health related indicators was 95% which was similar to the CCG average of 92% and the national average of 93%.

- This practice was an outlier for reported versus expected prevalence of coronary heart disease (CHD), 0.51% compared with the CCG average of 0.62% and national average 0.71%. We discussed this with the practice but they were not sure why this might be.
- There was evidence of quality improvement including clinical audit.
- The practice showed us three clinical audits undertaken in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The audits included an implant audit (which was first cycle) an antibiotic prescribing audit and an audit of lipid modifying medicines used against NICE guidance. Both these audits had led to improvements and improved prescribing.
- Practice prescribing for medicines such as antibiotics, non-steroidal anti-inflammatory and hypnotics were in line with other practices locally and nationally.

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 which included a general introduction to the practice and shadowing opportunities. A locum pack was also available for GPs working on a temporary basis.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, nursing staff responsible for reviewing patients with long term conditions had undertaken additional training in areas such as respiratory conditions and diabetes.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They attended update training to enable them to stay up to date.
- The learning needs of staff were identified through a system of appraisals which specified any personal development needs. Staff told us that they had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff gave examples of how they had been given opportunities to progress within their role with support from the practice and how they received clinical support from the GPs.

Are services effective?

(for example, treatment is effective)

- Staff had access to training that included: safeguarding, fire safety awareness, basic life support and information governance. They made use of e-learning training modules and in-house training. Staff told us that they tried to hold practice wide learning sessions twice a year.

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.
- All patient information received such as hospital discharge letters and test results were reviewed by a GP to identify any action required.
- There was a designated member of staff who reviewed any new admissions to hospital on a daily basis and informed the GPs so that care could be reviewed as necessary.
- Patients with long term conditions were reviewed on a quarterly basis.

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. Meetings took place with other health and social care professionals on a regular basis. These included meetings to discuss and review the care of those with end of life, complex and mental health needs. Safeguarding meetings were also held with the health visitor to discuss the needs of vulnerable children.

Feedback from health and social care professionals was very positive about the joint working relationships with the practice. In recognition of the support provided by the practice a local care home had presented them with an award.

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.
- Staff had access to Mental Capacity Act training and guidelines were displayed in staff areas for reference.

- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- We received positive feedback from a local care home in relation to how the practice supported patients where capacity may be an issue and took account of best interests.
- Formal consent was obtained and recorded for minor surgery and the fitting of intrauterine devices carried out at the practice.

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 with and at risk of developing long-term conditions and those requiring lifestyle support for example, weight management, smoking and alcohol cessation.
- Patients were supported to lead healthier lifestyles through a range of services provided in-house or hosted by the practice.
- The practice provided a range of health education information through the television screens located in the waiting area while patients waited for their appointments. The practice explained that the practice has full control over the contents and does not allow commercial interests. This enabled the practice to keep the information fresh and topical. For example information displayed included promotion of national screening programmes, carers information, sexual health and alcohol education.

The practice's uptake for the cervical screening programme was 81%, which was higher than the CCG average of 78% and comparable with the national average of 82%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice encouraged its patients to attend national screening programmes with the use of personal letters sent to patients, we saw a letter of recognition for this from the NHS bowel cancer screening programme. Uptake of breast cancer screening was higher than the CCG and national average (the three year coverage rate for females aged 50 to 70 years was 76% compared to CCG average 69% and national average 72%). Uptake of bowel cancer screening

Are services effective?

(for example, treatment is effective)

was comparable to CCG average at 50% compared to CCG average of 51% and national average of 58%. The practice had also agreed to participate in screening for abdominal aortic aneurysm.

Childhood immunisation rates for the vaccinations given were higher than CCG averages for all childhood immunisations given to under two year olds and under five year olds with the exception of meningitis C for under twos. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 74% to 98%, compared to the CCG range of 80% to 95% and for five year olds from 93% to 98% compared to the CCG range of 86% to 96%. However, immunisation data for meningitis from the practice showed meningitis C uptake at 24 months was 90%.

The practice offered seasonal flu and shingles vaccinations to relevant patients. Data from the CCG showed the uptake of the flu vaccination during 2015 for patients 65 years and over was 72% was similar to other practices in the local clinical network. Data from the practice showed uptake of the shingles vaccine had improved from 55% to 75% between 2013/14 and 2014/15. The practice told us that they had actively campaigned to promote the uptake of the shingles vaccine.

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. Staff who undertook the health checks told us that they worked to protocols and that if they had any concerns or identified any abnormalities or risk factors they would ensure the GP was made aware.

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.
- A barrier and poster was set up to encourage patients to stand back from reception.
- A designated private room was available near reception if patients wished to discuss something sensitive or were distressed.
- Staff wore name badges so that it was clear to patients who they were speaking with.
- Patient information was stored appropriately and securely.
- We saw that there had been considerable detail in the design of the premises to create a pleasant and supportive environment reflecting the needs of the population.

All of the 34 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a high standard of care and that staff were kind and caring. Some patients went on to give examples of compassionate care they had received during difficult times. Without exception all staff were referred to as helpful, caring and patients said they were always treated with dignity and respect. We spoke with nine patients as part of the inspection who were also positive about the care they received from the practice. We saw two letters from patients in vulnerable circumstances thanking the practice for their help and support. This included a patient with learning disabilities and a patient who had been made homeless.

We spoke with health and social care professionals who worked closely with the practice. They were also complimentary about the care and support provided by the practice.

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 and helpfulness of reception staff. 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%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 90% 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% and the 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% and the national average of 91%.
- 94% 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. Personalised care plans were in place and reviewed regularly for those with complex care needs and long term conditions.

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 above local and national averages for consultations with the GPs and in line with local and national average for nursing staff. For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Are services caring?

- 87% 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%.
- 83% 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:

- Translation services were available for patients who did not have English as a first language.
- Longer appointments were available if patients required more time to discuss their care and treatment needs.
- Information leaflets were available in easy read format for screening programmes such as cervical and testicular screening.

Patient and carer support to cope emotionally with care and treatment

Patient information was 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. For the convenience of patients both adult and adolescent counselling services for those with conditions such as anxiety and depression were hosted at the practice.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 78 patients as carers (0.7% of the practice list). Staff explained how they had undertaken a targeted campaign during 2015 to identify carers increasing the numbers identified from 18 to 78 and were asked to share this with other practices in the CCG area. Information was readily available to signpost carers to various avenues of support available to them as well as ensuring they were offered flu and health checks at the practice.

The practice supported patients who had recently suffered a bereavement by giving advice on support available.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. The practice was participating in the CCG led Aspiring to Clinical Excellence (ACE) programme aimed at driving standards and consistency in primary care and delivering innovation. Feedback from the CCG was that this was an engaged practice and one of the GPs and practice manager had lead roles within their local clinical network group.

- The practice offered extended opening on a Monday evening between 6.30pm and 8.30pm for working patients or those with other commitments who could not attend during normal opening hours. Extended opening was covered by GPs and nurses.
- There were longer appointments available for patients who needed them for example, patients with a learning disability or those using an interpreter.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. A register was maintained and checks carried out on those over 65 years who were housebound.
- 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.
- Translation services were available and we saw evidence of their use. The practice website could also be translated into several other languages. A hearing loop was also available.
- The premises which had been purpose built with input from the partners was accessible and sensitive to the needs of a wide range of patients. The waiting area and all rooms were very spacious. The partners explained that this had been deliberate and created a more pleasant atmosphere. Some of the features noted included porch space for mobility scooters and bicycle racks, braille signage on doors and colour contrasting on stairs for those who may visually impaired, a large breast feeding room with comfortable chairs and plenty of space for pushchairs and other children to move

about in. Patients were called to their appointment over the television screen and tannoy to ensure awareness.

There were automatic doors, lifts available to the first floor and low reception desk so patients who used a wheelchair could easily speak with reception staff.

- The practice made use of interpreter services if needed and we saw evidence of this.
- Sexual health services (including contraception and treatment for sexually transmitted infections) were offered under the Umbrella scheme which aims to improve access and outcomes for patients in sexual health.
- The practice offered a range of in-house services for the convenience of patients to support the diagnosis and management of patients with long term conditions for example, insulin initiation, ECGs and spirometry. Phlebotomy (blood taking) services were available on a daily basis on a sit and wait basis avoiding the need for patients to return another time.
- The practice also hosted various services from its premises including anticoagulation clinics and mental health counselling (for adults and adolescents) and hearing services.
- The practice was participating in an ambulance triage service in which GPs provide advice to paramedics and support patients as an alternative to accident and emergency. The practice told us that with appropriate support and follow up four patients from the practice had avoided being taken to accident and emergency.

Access to the service

The practice was open between 8am and 6:30pm Monday to Friday. Appointment times varied between the clinical staff but usually ranged from 8.30am to 11.30am and 2pm to 6.30pm. Extended hours appointments were offered on a Monday evening between 6.30pm to 8:30pm.

Appointments could be prebooked approximately six weeks in advance although the majority were released daily for same day appointments including some designated emergency slots. Same day appointments were released in the morning and afternoon so that those who were unable to call in the morning were also able to access same day appointments. We saw that the next available routine GP appointment if booked on line was the next working day and if by telephone within two working days.

Are services responsive to people's needs?

(for example, to feedback?)

Results from the national GP patient survey showed that patients' satisfaction with the practice's opening hours was above local and national averages. While ease of access by phone was in line with the CCG but below the national average.

- 87% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and the national average of 78%.
- 63% of patients said they could get through easily to the practice by phone compared to the CCG average of 62% and the national average of 73%.

Feedback from comment cards and patients we spoke with on the day told us that most people felt able to get appointments when they needed them.

The practice had a system in place to assess:

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

A duty doctor system operated so that there was always someone to speak with for advice in an urgent situation.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. There was a complaints leaflet for patients to take away. The complaints leaflet detailed how patients could escalate their complaint if they were unhappy with the practice's response and accessing support for making a complaint.

We saw that there had been five complaints so far during 2016 and we looked at one of those in detail. We found the complaint had been handled appropriately and in a timely way. The complaint had been thoroughly investigated and all communications well documented. Lessons were learnt from individual concerns and complaints 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.

- Over the last five years practice staff explained how the list size had increased from 8,000 to 11,000 following the closure of a nearby practice. The practice had successfully adapted to this change while still maintaining high standards of care.
- The practice was a member of 'Our Health Partnership' consisting of 32 local practices working together to respond to the changing demands faced by GP practices through sharing central functions. The partnership was still in its infancy.
- The practice recognised that three of the partners were nearing retirement and had sought to recruit two younger partners as part of succession planning.
- During the inspection practice staff demonstrated values which were caring and patient centred. This was reflected in feedback received from patients and in the way comments, concerns and suggestions were responded to.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care.

- 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 from their computers.
- A comprehensive understanding of the performance of the practice was maintained. The practice was a high achiever in relation to QOF, in 2014/15 they achieved 99% of the total QOF points available with lower than average exception reporting. This performance was maintained for 2015/16 with 100% achievement (although data has yet to be published).
- Also regularly reviewed was progress in relation to the CCG led ACE scheme. The practice held two annual meetings to review progress against QOF and plan any action required.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice scored

100% in a recent infection control audit undertaken by the CCG. Weekly partner and practice manager meetings were held to discuss any issues arising in relation to the practice.

- We found the practice well organised and meetings in which issues discussed well documented with actions followed up.

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 prioritised safe, high quality and compassionate care. Staff told us the senior staff and partners were approachable and always took the time to listen to them.

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). 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 that staff meetings took place for individual staff groups however there were little opportunities for staff to get together as a whole team.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues. They felt able and confident in speaking with partners and senior staff if they had any concerns. The practice manager told us that they had an open door policy.
- Staff said they felt respected, valued and supported, by the partners and senior staff in the practice. Likewise senior staff spoke positively about the staff who worked at the practice. There was a low turnover of staff.

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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients, the public and staff. 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 which consisted of approximately 12 members met regularly. We saw that the PPG had been active in supporting the practice in the management of patients that do not attend appointments and improving information available for patients in the waiting areas. The PPG had a designated board which was regularly updated with key messages. We also saw action taken to improve the prominence of the online services on the practice website in response to feedback.
- The practice consistently received positive feedback from patients, this was evident through the patient survey, CQC comment cards, discussions with patients and feedback on the NHS choices website (where patients are able to leave comments about the practice). Each comment on the NHS choices website

had been responded to by the senior partner.

Responses were thorough, sensitive to the patient and individualised. An apology and an explanation of action taken was also provided where appropriate.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. One member of staff told us how they had made suggestions to change procedures so as to avoid patients having to come in twice for travel vaccines; they told us this had been implemented.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. Practice staff described the practice as supportive in helping them keep up to date.

The practice was supportive of the CCGs ACE programme in introducing services locally for patient convenience. It was also participating in local pilot schemes including the Ambulance triage scheme to help avoid unnecessary admissions to accident and emergency and a scheme to support patients who were frail and socially isolated.