Audlem Medical Practice

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 Audlem Medical Practice on 15 September 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. Safety alerts were received and acted upon.
- 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.
  - Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
  - Infection control procedures were in place.
- 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.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear approach to working with others to improve care outcomes with a clear strategy and objectives including engaging with other key partners in providing health services.
- There was a clear leadership structure and staff were well supported by the GP partners.
  - Staff were supervised, felt involved and worked as a team.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements, these were:

- Review how patients and public access consulting rooms to ensure appropriate security of staff and equipment.

Summary of findings

- Have sufficient oversight and awareness of levels of exception reporting.
- Review the regularity at which electrical equipment is checked.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

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 averages.
- Exception reporting figures were higher than local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. GP partners expressed a desire to further improve the auditing regime at the practice.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice around average and higher than others for several aspects of care. For example, 89% of respondents to the survey said the last GP they saw or spoke to was good at treating them

Summary of findings

with care and concern (compared to a national average of 85%) and 97% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91%).
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- The practice 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. For example in care pathways, dementia, long term conditions and elderly care and the care of those at risk of unplanned admissions to hospital.
- 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 and incidents was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice staff were clear about their values with which to provide care and services and their responsibilities in relation to them.
- There was a clear leadership structure and staff were well supported by the GP partners.
- Staff were supervised, felt involved and worked as a team.
- The practice had a number of policies and procedures to govern activity which were reviewed and revised when needed. They held a variety of regular meetings at which information and learning was disseminated
- Arrangements were in place to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour.

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

Good

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

The practice had an elderly population above the national and local clinical commissioning group (CCG) average number of elderly patients with 29% over the age of 65 (national average 17%). Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, and end of life care.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- The practice had undertaken an initiative to work with patients in local nursing homes, providing dedicated GP time and training of staff to each home.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 94% and above the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation or anti platelet therapy was 100% and higher than the CCG and national average.

All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.

People with long term conditions

Good

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

- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Data from the 2014/2015 QOF performance showed the practice achieved 100% of the total points available for all performance indicators. This was above the CCG and National average. For example:

Summary of findings

The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 88%. The CCG average was 81% and the national average was 78%.

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients were monitored and had a structured annual review to check their health and medicines needs were being met.
- Medical records for vulnerable patients with long term conditions were highlighted so that all staff knew their needs and arranged appointments and care accordingly.

Families, children and young people

Good

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 good for all standard childhood immunisations with immunisations uptake for all children aged five and under around 96%.
- 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.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was 79%. (CCG average being 82%, national average being 82%).
- Appointments were available outside of school hours and could be managed online.

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.

Summary of findings

- The practice offered online bookings of appointments and prescription requests and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and children.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

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 substance or alcohol misuse and those with a learning disability. Alerts on medical records identified when a patient was vulnerable or was living in vulnerable circumstances.
- The practice had 20 patients with a learning disability registered and offered longer appointments for these. We saw good examples of where care was personalised to the individual needs.
- The practice regularly worked with other health and social care professionals in the case management of vulnerable patients.
- The practice worked with and informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

Good

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

- Most of the staff at the practice had undertaken dementia friend training and the practice was accredited as such.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 88% and CCG average of 92%.

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.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- 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 and above local and national averages. 215 survey forms were distributed and 107 were returned (a 50% response rate). This represented 2% of the practice's patient list. Results showed, for example;

- 74% of patients found it easy to get through to this practice by phone compared to the national average of 73% and CCG average of 59%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 85% and CCG average of 84%.
- 92% of patients described the overall experience of this GP practice as good compared to the national average of 85% and CCG average of 86%.
- 86% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 78% and CCG average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 39 comment cards which were positive about the standard of care received. Comments told us patients found they received a very good service and that staff were responsive to their needs; friendly, courteous and respectful.

We spoke to five patients on the day of the inspection (including one member of the patient participation group (PPG)). All said they were pleased with the care they received. They told us they were treated with dignity, compassion and respect.

The practice had an active PPG who met regularly and told us they were treated with dignity and respect and that staff were friendly and listened to them. They also told us that the practice listened to the group's suggestions for improvements to the service.

Areas for improvement

Action the service SHOULD take to improve

- Review how patients and public access consulting rooms to ensure appropriate security of staff and equipment.
- Have sufficient oversight and awareness of levels of exception reporting.
- Review the regularity at which electrical equipment is checked.

Audlem Medical 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 adviser and an Expert by Experience (a person who uses services themselves and wants to help the CQC to find out more about people's experience of the care they receive).

Background to Audlem Medical Practice

Audlem Medical Practice is registered with the Care Quality Commission to provide primary care services. The practice provides GP services for approximately 4,600 patients living in Audlem and the surrounding rural area. The practice is sited in a purpose built premises. The practice has two female GPs, two male GPs, one GP registrar, two nurse practitioners, administration and reception staff and a practice management team. Audlem Medical Practice holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday to Friday 8am – 6.30pm.

Appointments start at 8am with the last appointments at 5.50pm.

Patients can book appointments in person, via the telephone or online. The practice provides telephone consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of South Cheshire Clinical Commissioning Group (CCG) and is situated in a more affluent area in Audlem. The practice population is made up of population groups older than the national averages. For example 29% of people are over 65 years compared to a national average of 17%. Forty seven percent of the patient population has a long standing health condition which is lower than the CCG and national averages. Life expectancy for both males and females is around the CCG and national average of 79 years for males and 83 years for females.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local GP out of hours service and NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

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 15 September 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (GPs, practice nurses, reception and administration staff and the practice management team) and spoke with patients who used the service and PPG members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager and partners 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 verbal and/or written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events. These events were discussed at regular practice meetings and were reviewed to identify any trends and learning available. The results of analysis of events were disseminated to all staff at the practice.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a misunderstanding about a local practice procedure, an updated "locum induction competency protocol" was developed to prevent any reoccurrence.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant, for example reviews patients who may have had piercing of ear cartilage. We discussed how medical alerts might be better recorded for those alerts not requiring action.

Overview of safety systems and processes

The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.

- The practice referred to the local authority's safeguarding policies and procedures (South Cheshire) that were available on the intranet.
- We saw "what to do in the event of concerns" flowcharts that were displayed in the staff room and in consultation rooms for reference and outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead for safeguarding. The GPs provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child protection or child safeguarding level 3.
- A notice in the waiting room and in consultation rooms advised patients that chaperones were available if required. 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).
- We observed the premises to be clean and tidy. There was a cleaning schedule in the manager's office and we saw evidence that this was used or completed by the cleaners and monitored by the practice. One of the GP partners 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 policy and associated procedures in place and staff had received up to date training. We saw evidence of an infection control audit having been undertaken. We saw evidence that actions identified as needing improvement had been acted upon.
- The arrangements for managing medicines, including emergency medicines and temperature sensitive medicines such as vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). The medicines storage fridges were monitored and maintained to ensure that temperature sensitive medicines were stored appropriately. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. Blank prescription forms and pads were securely stored. There was no documented system for monitoring individual prescriptions by number. The practice manager assured us a system would be implemented as soon as possible and we

received confirmation that this had been done this shortly after the inspection. Both nurses at the practice had qualified as nurse practitioners and were able to administer certain medicines in line with legislation.

- We reviewed three staff personnel files and found most of the required recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We noted that declaration from staff that they were medically fit to perform their role had not been completed. The practice manager told us that the procedure for all future recruitment would include all checks required and that risk assessments would be completed. Shortly after the inspection we received confirmation that an updated and comprehensive recruitment protocol had been introduced at the practice.
- Paper patient records were stored securely, however patients did have free access to most areas of the practice. We discussed the need to ensure staff and equipment were kept safe and the necessity to balance access with the requirements of the Disability Discrimination act and the limitations of the building in which the practice was situated. The practice manager and the GP partner we discussed the issue with undertook to complete a risk assessment on the issues highlighted. There had been no incidents during the past that occurred relating to patients accessing areas they should not do.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment had been checked to ensure the equipment was safe to use and clinical equipment was calibrated and checked to ensure it was working properly. Some electrical equipment was overdue for testing and the practice manager told us that this would be addressed as soon as possible. The practice had other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health (COSHH) 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. The GPs operated a system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met peoples' needs. Any updates in NICE guidance were discussed at clinical meetings.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

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 (published October 2015) showed the practice had achieved 99.8% of the total number of points available, which is higher than local CCG and national average. Exception reporting was slightly above average at 17% overall. (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). We spoke to the GPs about this and they told us it was probably due to the high levels of older patients, especially those living in local nursing homes. We were told they would undertake some more work on understanding the reasons for the high percentages.

This practice was not an outlier for any QOF clinical targets. Data from 2014/2015 showed:

- Performance for diabetes related indicators was above the local CCG and national averages. For example:

  The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 88% compared to the national average of 78% and CCG average of 81%.

  The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12months was 99% compared to the national average of 88% and CCG average of 87%.

- Performance for mental health related indicators was better than the national average. For example:

  100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), national average 88% and CCG average of 92%.

  The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 98% compared to the national average of 84% and CCG average of 86%.

There was evidence of quality improvement including clinical audit.

- The practice did not have an audit timetable prioritising audits according to national and local priorities/ guidelines, however some clinical audits had been undertaken and included re auditing which demonstrated improvements and clinical outcomes.
- Examples of improvement audits seen included audit acute otitis media and sore throats.

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 and included a period of supervision/mentorship. An employee handbook was also available for staff and included policies and procedures. The practice was an accredited training practice for medical students and trainee GPs.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For

Good

Are services effective?

(for example, treatment is effective)

example, for those reviewing patients with long-term conditions and diabetes care. The nurse practitioners took the lead for reviews of patients with long term conditions and were supported in this by the GPs.

- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. They could also demonstrate how they stayed up to date for example by access to on line resources, face to face training and discussion at meetings. Their work was supervised and audited to identify any areas for improvement in practice.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, and support for revalidating GPs. Staff received an appraisal annually. We looked at two appraisals and saw that there well documented and were aligned to the values and aims of the practice.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to protected learning time (monthly half day rolling programme of education) and in-house face to face training. We saw that training was planned over a year in advance and was structured to benefit staff in the areas where they would most benefit.
- One GP partner at the practice was also a GP trainer. Two of the GPs also held clinical positions at Liverpool University. The practice also hosted clinical undergraduates from Keele University. GPs at the practice provided training to staff working at the three local nursing homes, subjects included end of life care, medication reviews and access to community services. The GPs also dedicated weekly clinical time to the residents at these homes to ensure they met their needs.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to relevant staff in a timely and accessible way through the practice's patient record system and their intranet system.

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. The practice signposted and referred patients to the local Audlem district community action (ADCA) who were able to support patients with transportation and arranging events like coffee mornings.

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. Multi-disciplinary meetings took place with other health and social care professionals where care plans were routinely reviewed and updated for patients with complex needs. This included when caring for patients with a terminal illness at the end stage of their life. There was a lead GP for palliative care at the practice and systems were in place to liaise with the out of hours GP service provider.

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.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. The practice was able to signpost patients to local support groups for example, smoking cessation and weight management.

The practice's uptake for the cervical screening programme was 79%, which was comparable with the CCG average of 82% and the national average of 81%. There was a policy to

Good

Are services effective?

(for example, treatment is effective)

offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results. Cervical screening tests were monitored to ensure the sample taker was proficient in obtaining suitable samples.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel cancer screening rates were above the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 62% (national average 59%, CCG average 58%). Breast cancer screening was above the averages with 77% of females (aged 50-70) screened for breast cancer in the last 36 months (national 72% and CCG average 76%). This data was published in March 2015.

Childhood immunisation rates for the vaccinations given were good when compared to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds were at 99% and five year olds at 95%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Good

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard. One exception was one room being used where the door was left open and conversations could be overheard. We spoke to the practice manager about this and we were told this was usual and the room was being used by non-practice staff.However they said that in future the door would be closed.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs.

The 39 patient Care Quality Commission comment cards we received were positive about the care and treatment they experienced. Comments told us patients felt the practice offered a good service and staff were courteous, friendly, caring and treated them with dignity and respect.

We spoke with five patients including one member of the patient participation group (PPG). They also told us they were happy with the care provided by the practice and said their dignity and privacy was respected.

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

- 96% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 91% and the national average of 89%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 87% 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 97% and the national average of 92%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and the national average of 85%.
- 97% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 85% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions 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.

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 around or higher than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 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 82% and the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 89% 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.

Good

Are services caring?

- Various information leaflets were available and available in different formats.
- The practice facilities were all located on the ground floor and disabled accessible toilet facilities were available.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 100 patients as carers (2% of the practice list). Written information was available to direct carers to the various avenues of support available to them. The senior receptionist was a carers champion and had received specific training to assist them in that role.

Records alerted to family members who had suffered bereavement and they would be cared for appropriately. GPs would make a telephone call to the next of kin and offer support and an appointment if it was requested. The practice sends a sympathy card when a family was bereaved.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in order to help reduce avoidable unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by improving services particularly those patients who were the most vulnerable or those with long term conditions. In order to do this the practice had identified patients who were at high risk of unplanned admissions by using a risk tool. They had personalised care plans which were reviewed at regular intervals and any admissions were identified for review. Other examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered nurse appointments for minor illnesses and long term condition treatment and reviews. Patients received diabetic health checks, health promotion and education.
- There were longer appointments available for patients with a learning disability and mental health needs. GPs led in these different areas and had expertise and enhanced knowledge.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There were disabled facilities and translation services available.
- The practice offered a full range of online access such as appointment booking, prescription requests and online queries.

Access to the service

The practice was open Monday –Friday 8am - 6.30pm

In addition to pre-bookable appointments that could be booked up to 12 weeks in advance, urgent, same day appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was around and in some cases above local and national averages. For example:

- 77% of patients were satisfied with the practice's opening hours compared to the CCG average of 74% and the national average of 76%.
- 74% of patients said they could get through easily to the practice by phone compared to the CCG average of 59% and the national average of 73%.
- 87% 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 84% and national average of 85%

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.

These assessments were done through a telephone triage system. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system for example a specific complaint information leaflet and information on the website.

The practice had received seven complaints in the last 12 months which they recorded and investigated. We found these had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints and shared with all staff. Complaints were a standing agenda item at practice meetings, which were held monthly and attended by all staff. Reviews of complaints took place to identify any trends.

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 mission statement and values described as being dedicated to provide a high standard of service that was caring and innovative.
- Staff were able to articulate their own values in addition to the practice ones they promoted to provide good patient care.

There was a clear approach to working with others in the health and social care community (such as the CCG, other GP practices and support agencies for long term conditions and vulnerable patients) to improve outcomes for patients.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- A comprehensive understanding of the performance of the practice was maintained
- There were arrangements in place for identifying, recording and managing risks.
- Clinical audits were undertaken, however there was no formal audit programme in place based on local and national priorities to ensure re auditing took place and demonstrated continuous improvement.
- There were practice specific policies and procedures in place which were reviewed and updated on a regular basis.

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 and compassionate care. Staff told us the partners were approachable and always took the time to listen to staff. They were encouraged and felt able to contribute to the practice, improvements to service and service developments.

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

There was a clear leadership structure in place and staff were well supported by the partners.

- The practice held regular documented team, clinical and business meetings.
- There was an evident open culture within the practice and staff had the opportunity to raise any issues at appraisals and meetings. Staff told us they felt able to raise any issues at any time and these would be dealt with appropriately.
- Staff were respected, valued and supported by the management team as well as the patients.
- Staff told us they were happy, proud and enjoyed working at the practice.

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

The practice gathered feedback from patient, the public and staff through suggestions and comments made in house and through the website. They also took into account feedback from the active patient participation group (PPG) and from complaints made.

The PPG were valued and worked well with the practice. They met regularly, received information from the practice and suggested improvements to the practice management team which were acted on. For example, changes were made to the triage system and more GP time was made available.

The practice did not undertake internal patient satisfaction surveys, however they did take action as a result of feedback from the national GP patient survey, for example changes to the waiting area had been implemented.

Are services well-led?

Good

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

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.

Management arranged “away days”, social events and regular informal meetings to further increase the sense of teamwork and inclusion. Staff told us that this was very effective.

Continuous improvement

There was a focus on learning and improvement within the practice. The practice team was part of local pilot schemes to improve outcomes for patients in the area. Business planning and progression planning took place in order that the practice could meet the future needs of their patient group. For example the practice was cognisant of new planned housing developments and the potential impact of the HS2 train initiative.