

The Station 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 The Station Practice on 15 April 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.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.

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

The areas where the provider should make improvement are:

- To review the need for an updated DBS check as soon as clinical staff are employed.
- To identify methods of improving Quality and Outcome Framework figures for mental health indicators.

Summary of findings

- To ensure that feedback from patients and staff is obtained and acted upon to drive improvement. This should include general satisfaction with the service and access to telephone lines and appointments.
- To consider further training for reception staff with the aim of improving patient satisfaction levels with the service.
- To consider and action ways to increase the identification of carers.

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice comparable to others for most 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.

Good



Summary of findings

- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example the practice had proposed a pilot scheme to employ a member of staff as an 'over 75 planner'. The role was for the planner to interview patients over 75 in their home and report back to the GP so that a care plan could be devised. This was agreed and had been implemented.
- The practice participated in the local GP federation run Out of Hours pilot offering GP access to patients from the area at weekends.
- Patients said they could often make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Patients requiring joint visits were seen with the nurse at home or in the surgery.
- Flu vaccine clinics were held during the autumn including on Saturdays. These clinics were also used opportunistically to address health promotion issues such as smoking cessation and blood pressure reviews.
- A trained member of staff visited the over 75s and vulnerable housebound patients to question them and gain information to help the team make an assessment of their needs. This information would then be discussed with the GP and a care plan and any necessary referrals generated.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The disease registers were regularly and systematically searched and patients proactively contacted for outstanding reviews and blood tests. Administration staff alerted individual clinicians via the computer system to provide auditable follow up of patients.
- 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 82% which was slightly higher than the national average 78%.
- Longer appointments and home visits were available when needed.
- Patients of concern were discussed daily if urgent, in practice meetings or in multidisciplinary meetings. Community nurses and practice nurses had access speak to GPs whenever they needed to.

Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Practice nurses liaised and referred to a range of other specialist services including the diabetic foot clinics, tissue viability clinics, pulmonary rehabilitation and the lymphoedema service.

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 or evidence of domestic violence and substance misuse in their parents.
- The practice had identified 4.4% of its children under 18 as being in need and 4.4% of its patients as substance abusers.
- Immunisation rates were relatively high for all standard childhood immunisations and a protocol was in place to actively follow up non-attenders. The practice held open access immunisation clinics.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding 5 years was 81% (national average 82%).
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors, school nurses and social support.
- Patients were given lifestyle and healthy living advice.
- Following a new patient health check, if required the health care assistant referred new families to the GP to assess maternal and family wellbeing.
- The practice ran midwife led antenatal care. Six week checks for mothers and babies were offered at the end of surgery to allow more time for new parents to discuss their concerns.
- The practice had access to perinatal mental health nurses.

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 was proactive in offering online services, telephone consultations, electronic booking of appointments and repeat prescriptions as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered extended hours sessions four evenings a week.
- Practice nurse clinics started at 8.00am.
- The practice offered a range of sexual health services including screening for asymptomatic patients, IUCD fitting and implant fitting and removal. Patients were referred on to an external sexual health clinic when a more specialist service was required.
- NHS health checks were offered to patients 40-74 where healthy eating and exercise were encouraged.
- The practice was trying to secure funding from the Clinical Commissioning Group to start a targeted clinic for pregnant patients to address and reduce maternal morbidity related to obesity.
- The practice participated in the local GP federation run Out of Hours pilot offering GP access to patients from the area at weekends.

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.
- The practice offered longer appointments for patients with a learning disability.
- The practice lobbied for the inclusion of a social prescribing centre, to give help and advice to patients on a wide variety of social issues, within their building. The lobbying was successful and the service was now operating.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice had a dedicated mobile phone number which was answered by administration staff for use by vulnerable patients considered to be at risk.
- Patients at risk of frequent hospital admission were always offered same day appointments.
- The social prescribing service was available in the same building to meet the needs of vulnerable adults in crisis.

People experiencing poor mental health (including people with dementia)

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

- The practice had a large number of patients with enduring mental health problems that they encouraged to attend annual health reviews.
- The practice regularly referred to locality counselling services and also to the substance misuse and alcohol team.
- 78% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is a little lower than the national average (84%).
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 79% (national average 89%). The practice had identified that this figure was lower than they would like and were working on ways to improve it.
- However the exception rates for mental health indicators (5%) were lower than both CCG (10%) and national (11%) averages. The exception rate for dementia indicators was 2% (CCG average 6%, national average 8%)
- The practice had a high level of engagement with the local mental health teams.
- The practice had campaigned for a Community Wellbeing Service. This was now available to help patients with many social issues that contribute to poor mental health.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- The practice carried out advance care planning for patients with dementia.
- The practice had 702 patients with depression which equated to 10% of their patient population.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice hosted a substance misuse team worker who ran a clinic at the practice weekly. The practice had recorded that 4.4% of its patients were substance abusers.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing lower than local and national averages for some indices of patient satisfaction. 279 survey forms were distributed and 108 were returned. This represented 1.5% of the practice's patient list.

- 63% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 60% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 79% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 69% 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 79%.

The practice was aware that these figures should be improved upon and had identified the issues during their initial presentation to the CQC team. They cited the departure of four GPs and two practice nurses in the last

two years and difficulty in recruitment as contributing to the problem. They had since recruited and trained two practice nurses and had one full and two part time GP partners. They were trying to recruit a further GP. They had also recruited additional administration staff. They were in discussion with the patient participation group as to how access could be improved. We saw that posters in the waiting room informed patients of the situation.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards, 26 commented on the standard of care received and all were all positive. The service was described as excellent and extremely good and staff described as caring, helpful and accommodating.

We spoke with seven patients during the inspection including three members of the patient participation group. All seven patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The Friends and Family test showed that 69% of patients would recommend the practice which was described as being in the middle range.

Areas for improvement

Action the service SHOULD take to improve

- To review the need for an updated DBS check as soon as clinical staff are employed.
- To identify methods of improving Quality and Outcome Framework figures for mental health indicators.
- To ensure that feedback from patients and staff is obtained and acted upon to drive improvement. This should include general satisfaction with the service and access to telephone lines and appointments.
- To consider further training for reception staff with the aim of improving patient satisfaction levels with the service.
- To consider and action ways to increase the identification of carers.

The Station 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 a practice manager specialist adviser.

Background to The Station Practice

The Station Practice offers general medical services to the people of Hastings. There are approximately 7,000 registered patients.

The Station Practice had been through a period of change over the past two years during which four GPs and two practice nurses had left the practice. The practice is run by three partner GPs (all female) who are currently trying to recruit a further GP partner. They also have a locum GP that works one day a week (male). They are supported by four practice nurses, two health care assistants, a team of receptionists, administrative staff, an 'over 75 planner', a senior receptionist, a business manager and a practice manager.

All patients on the practice list have a named GP although the GPs operated a shared list system so patients could choose which GP they saw.

The practice runs a number of services for its patients including COPD and asthma clinics, child immunisations, diabetes clinics, new patient checks, travel health clinics and smoking cessation clinics amongst others. Intrauterine Contraceptive Devices (IUCDs) can be fitted at the practice.

Minor surgical procedures are carried out at the practice.

Services are provided at
Station Plaza Health Centre,
Hastings,
East Sussex
TN34 1BA

The practice is open between 8am and 7pm Monday to Friday. Morning GP appointments are available from 8.30am to 12.30am on Mondays, 8.30am to 11.30am on Tuesdays and Thursdays and 8.30am to 11am on Wednesdays and Fridays. Afternoon appointments are available from 3pm to 5pm Monday to Friday with appointments until 6pm on alternate Thursdays. Extended hours appointments are offered until 6.40pm on Mondays to Thursdays. When the practice is closed patients can access out of hours care via the 111 service.

The percentage of registered patients suffering deprivation (affecting both adults and children) is significantly higher than average for England. The practice population has a lower number of patients 65+ than the national average. There is also a higher than average number of patients of 18 years or less. There are an average number of patients with a long standing health condition and an average number of patients with a caring responsibility. There are an average number of patients in paid work or full time education.

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

Detailed findings

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 April 2016. During our visit we:

- Spoke with a range of staff GPs, nurses, health care assistants, administration and reception staff as well as the practice manager. We also spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions made to improve processes and prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

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, a vaccine fridge had been accidentally turned off overnight. The practice had taken all the correct measures and advice at the time and acted upon it. All vaccine stock was disposed of and replaced within a day. The issue was discussed by the clinical staff as a significant event at a significant event audit meeting shortly after the event. As a result guards were put over fridge plugs to prevent the issue recurring and the fridges were checked and temperatures recorded twice daily. Information and learning were cascaded to all staff. The event was also scheduled for further significant event review in six months time.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements

reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses and health care assistants were trained to level two.

- Notices in the waiting room and in each consulting and treatment room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). Only clinical staff acted as chaperones.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. 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

Are services safe?

Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants did not administer vaccines and medicines at the time of the inspection.

- The practice did not hold stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse).
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. However, we saw that one clinical staff member did not have proof of Hepatitis B immunity in their record. We were subsequently shown evidence that this had been obtained prior to the inspection. One member of the clinical staff had been employed with a DBS certificate issued from a previous post. The practice had started the process of organising a further new DBS check.

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 with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health, infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff covered one another whilst on annual leave or sick leave. The GPs used locum cover from a small group of trusted locums. However if there was no one available, they would be flexible and cover each other's leave.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94.2% of the total number of points available.

- Performance for diabetes related indicators was better than the national average. For example the percentage of patients with diabetes, on the register, whose last measured total cholesterol (measured within the preceding 12 months) was 5 mmol/l or less was 92% (national average 81%).
- Performance for mental health related indicators was worse than the national average. For example the percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 79% (national average 89%).

However the exception rates for mental health indicators (5%) were better than both the clinical commissioning group (CCG) average of 10% and the national average of 11%. The exception rate for dementia indicators was 2% (CCG average 6%, national average 8%).

The practice had recognised this as an issue and felt it was in part due to the difficulties that they had had in recruiting

staff. They had a large number of patients with enduring mental health issues and we saw that they had a high degree of engagement with these patients and with the local mental health teams. They were making efforts to improve their data recording of events related to mental health.

There was lower than expected reporting of coronary heart disease in their population. The practice felt that this was a reflection of the intensive cardiovascular disease prevention efforts in the locality over the last decade.

There was evidence of quality improvement including clinical audit.

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

Information about patients' outcomes was used to make improvements. For example a joint injection (minor surgery) audit found that results for shoulder injections had a low success rate in reducing symptoms and introduced more stringent criteria for carrying out shoulder injections. This produced improved outcomes which were seen in the second cycle of audit.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.

Are services effective?

(for example, treatment is effective)

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- 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 GPs would always review and sign all locum referrals before sending them on.
- 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, when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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:

- Carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice referred patients for diet advice, to a gym and to a social prescribing service for help and assistance with issues such as debt and claiming benefits.

The practice's uptake for the cervical screening programme was 81%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were 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 because of abnormal results.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds was 92% (CCG average 93%) and five year olds from 93% to 99% (CCG average 92% to 96%).

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 27 patient Care Quality Commission comment cards we received were positive about the care experienced, although five of the cards felt that they had difficulty getting through on the telephone in the morning. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 85% 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%.
- 86% of patients said the GP gave them enough time compared to the CCG average of 86% and the national average of 87%.
- 92% 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%.

- 83% 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 national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and national average of 91%.
- 75% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

Staff told us that GPs would be responsive to patients' social needs. They would write letters at the request of patients supporting where appropriate claims for benefits, housing needs, schooling and other social needs.

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 in line with local and national averages. For example:

- 82% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 86% and the national average of 86%.
- 79% of patients said the last GP they saw was good at involving them in decisions about their care to the CCG average of 82% and national average of 82%.
- 87% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 85% and 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.
- There was a translation option on the practice website.

Are services caring?

- There was a hearing loop available.
- Information leaflets about cervical screening services and immunisations were in several languages.
- GPs gave patients print outs of consultations if appropriate and if necessary would produce these in large print.

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 152 patients as carers (2.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them.

When needed the GPs would give their mobile numbers to the families of patients in the final stages of life.

Staff told us that if families had suffered bereavement, their usual GP contacted them. This call was either followed by a patient consultation or by giving them advice on how to find a support service if appropriate.

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 the practice proposed and piloted the use of a trained member of staff as an Over 75s Planner. The role involved the interviewing of patients over 75 years of age in their homes and reporting their observations to the patient's GP to identify areas where the patient may require support. This had proved to be successful and the CCG were considering expanding the scheme across the locality.

- The practice offered extended hours on Monday to Thursday evening until 6.40pm.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. There was a lowered portion of the reception desk to aid access via wheelchair. Baby changing facilities were available in both male and female toilets. The building had lifts which could be accessed from an underground car park that had disabled parking bays.

Access to the service

The practice was open between 8am and 7pm Monday to Friday. Morning GP appointments were from 8.30am to 12.30am on Mondays, 8.30am to 11.30am on Tuesdays and Thursdays and 8.30am to 11am on Wednesdays and Fridays. Afternoon appointments were from 3pm to 5pm Monday to Friday with appointments until 6pm on alternate Thursdays. Extended hours appointments were offered until 6.40pm on Mondays to Thursdays. In addition

to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments and telephone consultations 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 comparable with or below local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to 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 77% and national average of 73%.

We spoke to seven patients who told us on the day of the inspection that they were able to get appointments when they needed them.

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. We saw that there were posters on the waiting area walls explaining the complaints system and there was also information on the website.

We looked at 18 complaints received in the last 12 months and found that these were satisfactorily handled and dealt with in a timely way. We saw evidence of openness and transparency when dealing with the complaint. Lessons were learnt from individual concerns and complaints.

Trends were analysed and action was taken as a result to improve the quality of care. For example, one patient had an appointment cancelled by the practice on the same day that a recall letter was sent out. An apology was made and a new appointment sent out. The learning that was disseminated was that staff should check the appointment history before sending out letters to cancel appointments.

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 aim to deliver high quality holistic care, addressing their patient's emotional, physical and social needs and promoting good outcomes. These practice aims were known and understood by staff.

- The practice had a strategy which reflected these aims and values. Currently the practice was looking to recruit a further GP.

Governance arrangements

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

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with

patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

- The practice gave affected people reasonable support, truthful information and a verbal and written apology.

There was a clear leadership structure in place and staff felt supported by management.

- Staff told us the practice held regular team meetings and we saw minutes of the meetings that confirmed that.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. We noted the practice regularly held staff social events.
- Staff said they felt respected, valued and supported, particularly by the partners and practice manager in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly and submitted proposals for improvements to the practice management team. For example, the practice regularly updated them with regard to recruitment issues and they had been involved in discussions of different ways of providing access to patients and managing workload. The PPG were also involved in the decisions on the furnishing of the building when the practice moved to its current site. The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they

Are services well-led?

Good 

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

would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

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