

West View Surgery

Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

Ratings

| | | | |
|--|--|------|---|
| Overall rating for this service | | 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

Contents

Summary of this inspection

| | Page |
|---|------|
| Overall summary | 2 |
| The five questions we ask and what we found | 4 |
| The six population groups and what we found | 8 |
| What people who use the service say | 12 |

Detailed findings from this inspection

| | |
|------------------------------------|----|
| Our inspection team | 13 |
| Background to West View Surgery | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings | 15 |

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at West View Surgery 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.
- 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.
- We saw evidence that audits were driving improvements to patient outcomes.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Collaborative working with the midwife and health visitor for travellers and boat people, had improved integrated working and had built trust and rapport between the families and health services.
- 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.
- The practice had developed and utilised information in pictorial formats to assist patients with low literacy levels and learning disabilities to be more involved in their own care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Allied health professionals were mentored within the practice, for example, a physiotherapist undertaking prescribing qualifications and paramedics. Plans to train nursing students and apprentices from the local further education college had been approved.

Summary of findings

- 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.

We saw areas of outstanding of outstanding practice:

- The practice had double the prevalence expected, of patients with learning disabilities. . The service that the practice delivered these patients, had recently been redesigned to improve the quality of care provided and to ensure it offered flexibility and continuity of care that met the needs of each individual patient. Patients attended their annual review with their key worker and were seen, for 50 minutes, by the learning disabilities nurse and GP. This had ensured patients received a comprehensive holistic annual review. In the year 2015-2016 all patients with learning disabilities had received a full health check.
- There was a proactive approach to understanding the needs of different groups of people and ensuring care was delivered in a way that met those needs and promoted equality. The practice provided medical services to patients living within the traveller community. Collaborative working with the midwife and health visitor for travellers and boat people had improved integrated working and had built trust and rapport with the families and improved their engagement with health services.

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

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

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



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

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Allied health professionals were mentored within the practice, for example, a physiotherapist undertaking prescribing qualifications and paramedics. Plans to train nursing students and apprentices from the local further education college had been approved.
- Clinical audits demonstrated quality improvement. Nurses in the practice were fully engaged with quality improvement and undertook regular clinical audits.
- 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.
- The diabetes nurses worked closely with the local diabetic specialist nurse to gain the support and skills to manage complex cases.

Summary of findings

- Multidisciplinary team meetings were held every two weeks to ensure integrated working between health professionals, to optimise care for complex cases.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice in line with or higher to others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible. Information was available in pictorial form for those patients who needed support with literacy and those with learning disabilities.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice identified patients who were also carers, invited them for annual health checks and sign posted them to relevant support organisations.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. For example, the practice had engaged with a CCG pilot scheme to develop an earlier home visiting service. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day to help prevent unnecessary hospital admission.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had double the prevalence expected, for the practice population, of patients with learning disabilities. The service that the practice delivered to these patients, had recently been redesigned to improve the quality of care provided. Patients were invited annually, with their key worker, for a 30 minute appointment with the local learning disability nurse and a 20 minute appointment with a GP for a physical health check. A pre-check questionnaire had been developed in written and pictorial formats, to ensure involvement by the

Summary of findings

patient in their own care was as comprehensive as possible.

The practice had found that this had improved compliance and communication and that the care they delivered was patient focussed and individualised. In the year 2015-2016 all patients with learning disabilities had received a full health check.

- Collaborative working with the midwife and health visitor for travellers and boat people, had improved integrated working and had built trust and rapport between the families and health services.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, the practice participated in social prescribing as a way to link patients in primary care with sources of support within the community. It provided the practice with a non-medical referral option that could operate alongside existing treatments to improve health and well-being
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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.
- 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

Good



Summary of findings

- 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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked closely with the health visitor for the elderly to ensure older patients were getting the care and support they needed.
- The practice worked closely with pharmacists to identify issues and optimise medicines management for older patients on multiple medicines.

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.
- Nurses reviewing patients with long-term conditions had undertaken appropriate qualifications in diabetes and asthma and attended regular updates. The diabetes nurses worked closely with the local diabetic specialist nurse to gain the support and skills to manage complex cases.
- The practice was proactive in identifying and supporting patients who were at risk of developing a long term condition. For example, the practice recognised that patients who had developed diabetes in pregnancy were at a higher risk of developing lifelong diabetes and were invited for an annual blood test and lifestyle review.
- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 84% compared to a local average of 81% and a national average of 78%.
- Longer appointments and home visits were available when needed.

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.

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 patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice's most recent newsletter had focussed on the importance of breast, and cervical cancer screening. It included health promotion advice to prevent cancer and the screening programmes available to patients.
- Patients told us that children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice promoted the use of email and text messaging and on-line services to improve access for working age patients.
- The practice offered extended hours on a Monday until 8.30pm and two Saturday mornings a month for working patients who could not attend during normal opening hours.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- Collaborative working with the midwife and health visitor for travellers and boat people had improved integrated working and had built trust and rapport between the families and health services.
- The practice supported patients from the traveller community to access services that would be of benefit. For example, nursery provision for the children and literacy classes for those who required them. Awareness was raised with practice staff about additional support that would be needed for patients with low literacy levels, regarding registering with the practice, using automated booking in facilities and making use of information leaflets.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example, the practice had engaged with a clinical commissioning group pilot scheme to develop an earlier home visiting service. The purpose of which, was to ensure that patients could be assessed and a management plan commenced early in the day to help prevent unnecessary hospital admission.
- 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 double the prevalence expected, of patients with learning disabilities. Patients attended their annual review with their key worker and were seen, for 50 minutes, by the learning disabilities nurse and GP. This had ensured patients received a comprehensive holistic annual review. In the year 2015-2016 all patients with learning disabilities had received a full health check.
- Prior to reviews learning disability patients completed a questionnaire that had been developed in pictorial format to ensure patients were given optimal opportunity to be involved in their own care.

Summary of findings

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).

- 84% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months, compared to the local average of 88% and the national average of 84%.
- The percentage of patients with a serious mental illness who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (2014 to 2015) was 94% compared to a local average of 93% and a national average of 90%.
- 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.
- 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.

Good



Summary of findings

What people who use the service say

- The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Of the 217 survey forms that were distributed 124 were returned. This represented a 57% response rate compared to a national average of 38% and 2% of the practice population.
- 91% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 91% and a national average of 73%.
- 86% 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 90% and a national average of 85%.
- 95% of patients described the overall experience of this GP practice as good compared to the CCG average of 94% and a national average of 85%.

- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 89% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all positive about the standard of care received, although four also commented that they were kept waiting beyond their appointment time. Comments included that all members of staff were caring and helpful and also that they felt fortunate to be registered at the practice.

We spoke with four patients during the inspection. Patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The family and friends test for April 2016 showed that 91% of patients would recommend the practice to family and friends.

West View Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser a second CQC inspector and an expert by experience.

Background to West View Surgery

West View Surgery is located in Keynsham, a small town six miles south of Bristol, in the south west of England. The practice has a higher than average patient population in the over 45 year's age group and lower than average in the 25 to 40 years age group. The practice is part of the Bath and North East Somerset Clinical Commissioning Group and has approximately 7,000 registered patients. The area the practice serves is Keynsham and surrounding villages and has relatively low numbers of patients from different cultural backgrounds. The practice has a branch surgery, The Severn Surgery, Keynsham.

The practice is managed by four GP partners (two female and two male). The practice is supported by; three practice nurses, one health care assistant and an administrative team led by the practice manager. West View Surgery is a training and teaching practice providing placements for GP registrars and medical students.

The practice is open between 8am and 6pm Monday to Friday. Appointments are available between 9am and 11am every morning and 3pm to 5pm every afternoon. Extended hours appointments are offered between 6.30pm and 8pm on a Monday evening and an additional two varying evenings each month and 8.30am to 12.30pm on two

Saturdays a month. In addition to pre-bookable appointments that can be booked up to six weeks in advance, urgent appointments are available for patients that need them.

When the practice is closed patients are advised, via the practice website and an answer machine message, that all calls will be directed to the out of hours service. Out of hours services are provided by Bath and North East Somerset Doctors Urgent Care. The practice has a Primary Medical Services (PMS) contract to deliver health care services. A PMS contract is a locally agreed alternative to the standard GMS contract used when services are agreed locally with a practice which may include additional services beyond the standard contract.

West View Surgery is registered to provide services from the following locations:

9 Park Road, Keynsham, Bristol. BS31 1BX

The Surgery, Severn Way, Keynsham Bristol BS31 1NU

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.

Detailed findings

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:

- Spoke with a range of staff which included three GPs, two nurses, the practice manager and members of the administrative teams as well as 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 to improve processes to 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, when the incorrect dose of a medicine had been prescribed for a patient, the practice recognised that instructions for dosing were unclear in the book GPs used for reference and advice. To prevent reoccurrence a comprehensive summary of the medicine and precise prescribing instructions was developed which was available in each consulting room.

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 were trained to level two.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, to improve and sustain good hand hygiene, the infection control lead initiated an annual audit where patients were asked to complete a short questionnaire, on their observations regarding GP hand hygiene during their consultation. Any concerns were followed up with the individual GP.
- 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions (PGD) had been adopted by the practice to allow nurses to administer medicines in line with legislation (PGDs are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presenting for treatment).

Are services safe?

Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction (PSDs) from a prescriber. PSDs are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.

- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures 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.

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 97.9% of the total number of points available.

The practice had higher exception ratings when compared to local and national averages in asthma, chronic obstructive pulmonary disease (a chronic lung condition) and mental health. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). The high exception reporting was investigated further by the GP specialist advisor on the day of the inspection who saw there were some coding anomalies, which the practice were aware of and working to resolve and we were shown action plans the practice had put into place to address areas of high exception reporting. For example, the practice had increased the number of appointments available for asthma reviews. The practice had investigated each area of high exception coding and a lead GP had been assigned to follow this up further. The practice had also contacted other local practices to understand why they were outliers in order to reduce exception reporting. Clinical care was found to be in line with guidelines.

Data from 2014-2105 showed:

- Performance for diabetes related indicators was better than local and national averages. The percentage of patients with diabetes, on the register, in whom the last blood test was within target range in the preceding 12 months (2014 to 2015) was 84% compared to a local average of 81% and a national average of 78%.
- Performance for mental health related indicators was in line with the local and national average. The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (01/04/2014 to 1/03/2015) was 85% compared to a local average of 86% and a national average of 84%.

There was evidence of quality improvement including clinical audit. There had been 11 clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.

- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, improved systems were put into place to ensure that patients with polycystic ovary syndrome (a condition that affects how a woman's ovaries work) were invited for health checks and screening for diabetes. A follow up audit demonstrated a 50% improvement in the number of patients attending for review.
- Nurses in the practice were fully engaged with quality improvement and undertook regular clinical audits.

Information about patients' outcomes was used to make improvements. For example, the practice recognised that patients who had developed diabetes in pregnancy were at a higher risk of developing lifelong diabetes and should have an annual blood test and lifestyle review in line with guidelines. The practice found that only 58% of these patients had been reviewed. Following improved identification and recall we saw that 92% of patients had now been reviewed in the last 12 months.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- 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, nurses reviewing patients with long-term conditions had undertaken appropriate qualifications in diabetes and asthma and attended regular updates. The diabetes nurses worked closely with the local diabetes specialist nurse to gain the support and skills to manage complex cases.
- 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.
- 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 and nurses. Staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan

ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on every two weeks, 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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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. Where appropriate patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 77%, compared to the local average of 83% 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For bowel cancer 63% of eligible patients had been screened which was higher than the local

Are services effective?

(for example, treatment is effective)

average of 61% and the national average of 58%. For breast cancer 81% of the eligible patients had received screening compared to a clinical commissioning group (CCG) average of 73% and a national average of 72%.

The practice's most recent newsletter had focussed on the importance of breast, bowel and cervical cancer screening. It included health promotion advice to prevent cancer and the screening programmes available to patients.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example,

childhood immunisation rates for the vaccines given to under two year olds ranged from 97% to 100%, compared to a local average of 93% to 97% and five year olds from 92% to 100% compared to the local average of 91% to 98%.

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 38 patient Care Quality Commission comment cards we received were positive about the service experienced. Four of the comment cards also commented that they were kept waiting beyond their appointment time. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 93% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 91% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 90% of patients said the last GP they spoke to was good at treating them with care and concern compared the CCG average of 91% and the national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 94% and the national average of 91%.
- 91% of patients said they found the receptionists at the practice helpful compared to the CCG average of 94% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 85%.

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.
- Information was available in pictorial form for those patients who needed support with literacy and those with learning disabilities.

Are services caring?

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 114 patients as carers (1.6% of the practice list). To improve identification and provide support for carers there was a carer's

newsletter in the waiting room and the practice website had a page dedicated to providing information and support. Written information was available to direct carers to the various avenues of support available to them. The practice also identified young carers and signposted them to services that could provide appropriate support.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 had engaged with a CCG pilot scheme to develop an earlier home visiting service. The purpose of this was to ensure that patients could be assessed and a management plan commenced early in the day, to help prevent unnecessary hospital admission.

- The practice offered extended hours on a Monday until 8.30pm and two Saturday mornings a month for working patients who could not attend during normal opening hours.
- The practice had double the prevalence expected, for the practice population, of patients with learning disabilities. The service that the practice delivered these patients, had recently been redesigned to improve the quality of care provided and to ensure it offered flexibility and continuity of care, that met the needs of each individual patient. Patients were invited annually, with their key worker, for a 30 minute appointment with the local learning disability nurse and a 20 minute appointment with the GP for a physical health check. The practice had found that this system provided greater opportunity to re-inforce health promotion messages, especially exercise, healthy eating, alcohol and sexual health. A pre-check questionnaire had been developed in written and pictorial formats, to ensure involvement by the patient in their own care, was as comprehensive as possible. The practice had found that this had improved compliance and communication and that the care they delivered was patient focussed and individualised. In the year 2015-2016 all patients with learning disabilities had received a full health check.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- There was a proactive approach to understanding the needs of different groups of people and ensuring care was delivered in a way that met those needs and promoted equality. The practice provided medical services to patients living within the traveller community. Collaborative working with the midwife and health visitor for travellers and boat people had improved integrated working and had built trust and rapport between the families and health services. The practice had supported a mother to access nursery provision for her child. The mother began to talk openly about her desire to improve her literacy and supported her to understand how to access adult literacy classes. Awareness was raised with practice staff about additional support that may be needed for patients with low literacy levels, regarding registering with the practice, using automated booking in facilities and making use of information leaflets.
- Patients were able to receive travel vaccines available on the NHS. The practice administered some vaccines available privately. For other vaccines only available privately patients were referred to other local clinics that provided this service.
- There were accessible facilities, a hearing loop and translation services available. The practice were able to gain assistance, for deaf patients, via the hearing impairment service. Staff from the service attended the practice to do sign language to enhance communication with practice staff and support patients as required. We were told that this service was popular, used on a regular basis and patients reported its usefulness.
- The practice participated in social prescribing as a way to link patients in primary care with sources of support within the community. It provided the practice with a non-medical referral option that could operate alongside existing treatments to improve health and well-being. For example, a patient with mental health issues, was facilitated to participate in an eight week placement at a farm project. The patient reported improved self-confidence, reduced social isolation and increased enthusiasm for life.
- The practice worked closely with the health visitor for the elderly to ensure older patients were getting the care and support they needed.

Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were from 9am and 11am each

Are services responsive to people's needs?

(for example, to feedback?)

morning and 3pm until 5pm each afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients 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 to local and national averages.

- 80% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 81% and the national average of 76%.
- 91% of patients said they could get through easily to the practice by phone compared to CCG of 91% and the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- 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, on the notice board and on the practice website.

We looked at the two complaints received in the last 12 months and found that these were appropriately handled and dealt with in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient had complained about the care and treatment received by a number of GPs at the practice. The practice recognised that as the patient came from a different culture there may have been a misunderstanding as to how the NHS operated. To resolve this, arrangements were made for the patient to attend a consultation, with the practice pharmacist who was of the same culture. During this consultation, the patients concerns were addressed and the patient left a note of thanks for the practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

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

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were 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 patients reasonable support, truthful information and a verbal and written apology
- The practice kept written records of verbal interactions as well as written correspondence.

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. The GPs carried out administrative tasks in the main office. This had led to staff feeling able to talk to the GPs, about any issues and raise suggestions for improvements informally. We were told this had improved team working within the practice. Community nurses also worked in this area when at the practice which had enhanced communication throughout the practice team.
- The lead nurse at the practice was the clinical governance lead for the three local practices.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team.
- In order that patients with long term conditions could travel to EU countries without concerns the PPG had

Are services well-led?

Good 

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

produced written advice on how patients could access routine investigations, such as, blood tests when on blood thinning medicines whilst in EU countries. The practice had included this in their practice leaflet.

- The PPG group recommended to the practice that blood tests required for annual reviews should be undertaken two weeks before the review appointment so that these could be discussed and followed up at the review. The practice were happy to implement this.
- 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. For example, a nurse expressed concern, that the risk of a mistake happening during the baby immunisations clinic had increased, as the schedule had become very complex. It was requested that two nurses run the clinic together. This was implemented by the practice. 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 training practice and supported GP registrars and medical students (registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine). Allied health professionals were mentored within the practice, for example, a physiotherapist undertaking prescribing qualifications and paramedics. Plans to train nursing students and apprentices from the local further education college had been approved.
- The practice had collaborated with local practices, to employ a practice pharmacist on a year's pilot scheme, to work in all three practices. The pharmacist will review the medicines of patients with long term conditions, including those on multiple medicines and ensuring correct monitoring with regards to specific medicines in order to improve patient outcomes.