

Giffords Partnership

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 Giffords Partnership on 1 November 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.
- The practice had recently introduced a new triage system for appointments which meant patients could not usually make appointments in advance. Most patients we spoke to said it was a good system and an improvement on the previous arrangements.
- 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.

We saw one area of outstanding practice:

- The practice had good facilities for the blind and partially sighted. Signage throughout the building was very clear and included a braille translation. The practice leaflet was available in a braille format and the practice was able to arrange the translation of any other of its documents into braille within 24 hours.

Summary of findings

The areas where the provider should make improvement are:

- Ensure all staff interview notes and references are recorded and retained.
- Ensure all staff have regular appraisals.
- Ensure that all lessons learnt from significant events incidents are shared with appropriate staff.
- Review their appointment system to ensure it does not disadvantage working patients and other who may need to book appointments in advance.

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
- Staff told us that lessons learnt were discussed at team meetings but these discussions were not always minuted. The day after our inspection the practice sent us a new policy of learning from complaints and significant events which set out the processes to ensure that all lessons learnt are shared with all appropriate staff and recorded.
- 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.
- However, we found that there were some gaps in the recruitment records of some staff, such as interview records.

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 average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff, although not all staff had had an appraisal in the last 12 months.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- The practice offered a smoking cessation support service and the local NHS counselling service, a midwifery service, and the Alzheimer's Society provided services from the practice building.

Good



Summary of findings

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 as similar to the average 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.
- The practice leaflet was available in Standard English and Unified English braille, and the practice had made arrangements for other forms to be translated into braille within 24 hrs if requested.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- The practice had been awarded a gold award for caring for carers by a local charity working in partnership with the local authority.

Good



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 (CCG) to secure improvements to services where these were identified. For example, the practice had worked with the CCG and two other local practices to establish a service to improve care for older people which had helped the practice achieve a 41% reduction in unplanned admissions of patients over 75 years of age living in a care home.
- All patients had a named GP, who patients were encouraged to see for appointments whenever possible.
- The practice had recently introduced a new triage system for appointments which meant patients could not usually make appointments in advance. Patients were asked to phone on the day they wanted an appointment and they would be phoned back by a GP or nurse to discuss their needs and agree an appropriate action. Most patients we spoke to said it was a good system and an improvement on the previous arrangements.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had good facilities for the blind and partially sighted. Signage throughout the building was very clear and included a braille translation.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised.
- Staff told us that 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.
- During a recent staffing issue caused by long-term sickness, retirements and difficulties in recruiting new GPs, the partners had decided stop doing some tasks on a routine basis. For example, in 2015 they decided to suspend the annual appraisal process and between August and November 2016 they cancelled routine meetings. We were told both of these had now restarted.
- 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 focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice staff made routine visits to local nursing, care and residential homes to see patients.
- The practice had worked with the clinical commissioning group (CCG) and two other local practices under a programme called Transforming Care for Older People (TCOP) to establish a service to improve care for older people. One of the aims of this service was to reduce unplanned admissions and we saw data that showed the practice had achieved a 41% reduction in unplanned admissions of patients over 75 years of age living in a care home.
- The practice worked with two other local services to provide a leg ulcer clinic and falls clinic.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- 98% of patients with diabetes on the register had an influenza immunisation in the period 8/2014 to 3/2015, compared to the CCG average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All patients with long-term conditions 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.

Good



Families, children and young people

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

Good



Summary of findings

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- 91% of women on the register aged 25 to 64 had a cervical screening tests performed in the preceding five years compared to the clinical commissioning group average of 85% and national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice encouraged feedback from children and young people by using a feedback form specifically designed for them.

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.
- They had a virtual patients participation group which made it easier for this group of patients to give feedback to the practice.
- Telephone consultations were available during working hours.
- Travel health and vaccination appointments were available.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- 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.

Good



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 good facilities for the blind and partially sighted, including; clear signage with braille translation and the practice leaflet was available in a braille format.

People experiencing poor mental health (including people with dementia)

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

- The quality outcome framework data for mental health showed the practice was performing below the national average.
- 74% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, compared to the CCG average of 88% and national average of 84%.
- 85% of patients on the register with a psychosis had a comprehensive care plan agreed in the preceding 12 months compared to the CCG average of 93% and national average of 88%.
- 51% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 93% and 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.

Requires improvement



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2016 showed the practice was performing in line with local and national averages in most areas. Two hundred and nineteen survey forms were distributed and 122 were returned. This was a response rate of 56% and represented 1% of the practice's patient list. The data showed.

- 65% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 80% and national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and 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 CCG average of 84% and national average of 80%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received three comment cards which were all positive about the standard of care received. They all said the care they received was very good and staff were caring and professional.

The practice actively encouraged patients to complete the NHS Friends and Family test by providing forms in the waiting area and in June 2016, 118 patients had completed the form and 73% said they would recommend the practice to friends and family.

We spoke with eight patients during the inspection. All eight patients said they were very satisfied with the care they received and thought staff were approachable, committed and caring. We asked them about the new appointment system and most said it was an improvement although one patient said it had been difficult to get through to the practice by phone that morning.

Giffords Partnership

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, a practice nurse specialist adviser and an Expert by Experience.

Background to Giffords Partnership

Giffords Partnership is a GP practice in Melksham, Wiltshire. It is one of the practices within the Wiltshire Clinical Commissioning Group and has approximately 14,100 patients.

The area the practice serves has relatively low numbers of people from different cultural backgrounds and is in the low to medium range for deprivation nationally, (although it is important to remember that not everyone living in a deprived area is deprived and that not all deprived people live in deprived areas). The practice has a slightly higher than average patient population over 50 years old.

The practice provides a number of services and clinics for its patients including childhood immunisations, family planning, minor surgery and offers a range of health, lifestyle management and advice for conditions including; asthma, diabetes, heart disease and high blood pressure.

There are two full-time and three part-time GP partners and two salaried GPs making a working time equivalent of six GPs. Two GPs are male and five female. They are supported by three nurse practitioners, three practice nurses, four health care assistants and an administrative and dispensing team of 18 staff led by the practice manager.

The practice is a teaching and training practice. (A teaching practice accepts provisionally registered doctors undertaking foundation training, while a training practice accepts qualified doctors training to become GPs who are known as registrars.) At the time of our inspection they had one registrar working with them.

The practice is open between 8am and 6.30pm Monday to Friday, except Monday and Tuesday when they open until 7.30pm. GP appointments are available between 8.30am and 12.30pm every morning and 2pm to 5.30pm every weekday. Extended hours appointments are offered from 6.30pm to 7.30pm on Monday and Tuesday.

The practice operates an on-the-day triage appointment system where patients who phone the surgery receive a return call from a GP or nurse who discusses the patient's issues and an appointment later that day is arranged, where appropriate. Some extended hours appointments can be booked on-line.

When the practice is closed patients are advised, via the practice's website that all calls will be directed to the out of hours service. Out of hours services are provided by Medvivo, accessed via NHS 111.

The practice has a General Medical services contract to deliver health care services. This contract acts as the basis for arrangements between NHS England and providers of general medical services in England.

The practice provides services from the following site:

Giffords Partnership, Giffords Surgery, Spa Road, Melksham, Wiltshire, SN12 7EA.

Detailed findings

Why we carried out this inspection

We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 November 2016. During our visit we:

- Spoke with a range of staff including; six GPs, five nurses, two health care assistants, the practice manager, deputy practice manager and five members of the reception and administration team.
- Spoke with 11 patients who used the service, including three members of the patient participation group.
- 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 patient's needs?
- Is it well-led?

We also looked at how well services were provided for specific groups of patients 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. Lessons were learnt and action was taken to improve safety in the practice. For example, when an elderly patient fell over in the car park and needed to go to hospital for an X-ray the ambulance took over two hours to arrive and subsequently, the practice realised that no staff member had been responsible for the patient during their wait and they had not been spoken to during this time. The practice changed their procedures to clarify who was responsible in such cases to ensure this did not happen again.

We saw examples of the practice weekly newsletter which contained learning from incidents, safety alerts and significant events..

However, the practice could not evidence that the lessons learnt and minutes of the significant event meetings attended by GPs, nurses and department heads were always shared with all other appropriate staff. Staff told us that lessons learnt were discussed at team meetings but these discussions were not minuted. The day after our inspection the practice sent us a new policy of learning from complaints and significant events which set out the

processes to ensure that all lessons learnt are shared with all appropriate staff and recorded. This included keeping a log of lessons learnt and any actions required which would be reviewed quarterly.

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 and nurse practitioners were trained to child protection or child safeguarding level three, practice nurses and health care assistants to level two and all other staff to level one.
- 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.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing,

Are services safe?

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 had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- We reviewed four personnel files and found that proof of identification, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service had been carried out. However, we found gaps in the recruitment records of two staff members who had previously worked at the practice whilst employed by another employer. For example, one staff member had been employed by the local CCG to work in three local practices including Giffords Partnership but there was no evidence that when they became employees of the practice an interview was held or references taken.

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 and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

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 patients

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 93% of the total number of points available compared to the clinical commissioning group (CCG) average of 98%. The exception rating across all clinical domains were 10% compared to the CCG average of 11% and national average of 9%. (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.)

Data from 01/04/2014 to 31/03/2015 showed:

- Performance for diabetes related indicators were similar to the local and national average. For example, 80% of patients on the register with diabetes, had a last blood pressure reading within the target range compared to the CCG average of 79% and national average of 78%.
- Performance for mental health related indicators were below the local and national averages. For example, 85% of patients with a psychosis had a comprehensive care plan documented in the records in the last 12 months compared to the CCG average of 93% and the national average of 88%.

The practice was an outlier for two QOF clinical targets.

- 51% of patients with a psychosis on the register had their alcohol consumption recorded in the preceding 12 months, compared to the CCG average of 93% and national average of 90%.
- 74% of patients with chronic obstructive pulmonary disease (COPD - a range of long term lung conditions) had a review including assessment of breathlessness in the last 12 months compared to the CCG average of 91% and national average of 90%.

We discussed these with the practice who were not aware of the figures. However, they explained they had recently had issues of not having enough nurses which had impacted their ability to carry out COPD reviews and because of this they had decided not to spend time pursuing patients to record their alcohol consumption. They told us the issues of nursing staff had now been resolved.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year, four 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.
- Findings were used by the practice to improve services. For example, following an audit of certain blood thinning medicines (anticoagulation) prescribing, GPs were more aware of the benefits to some patients of the new oral anticoagulants (NOAC's - new medicines with blood thinning properties) compared to more established medicine. A second audit showed the practice had increased its prescribing of NOAC's as a proportion of anticoagulation prescribing.

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, fire safety, health and safety and confidentiality. The induction programme checklist did not include infection prevention and control, however later that day the practice showed us an updated

Are services effective?

(for example, treatment is effective)

checklist which included this. We spoke to a new member of staff who told us their induction had included infection prevention and control issues such as hand washing.

- 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.
- 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. The practice told us that last year, due to severe staffing shortages a decision had been made to suspend routine staff appraisals. The appraisal process had since been re-started and all staff appraisals were scheduled to be completed before the end of December 2016. We saw examples of appraisals that had been completed in the last two months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs, although we were told that some meetings had been cancelled between August, and October 2016 due to severe staffing issues.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

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 and alcohol cessation were signposted to the relevant service. The practice offered a smoking cessation support service.
- The local NHS counselling service, a midwifery service, and the Alzheimer's Society provided services from the practice building.
- The practice had an automated blood pressure measuring machine in the waiting room for patients to use.

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

The practice's uptake for the cervical screening programme was 90%, which was comparable to the CCG average of 85% 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. 81% of women aged 50 to 70 had been screened for breast cancer in the last 36 months, compared

to the CCG average of 77% and national average of 72%. 63% of patients aged 60 to 69 had been screened for bowel cancer in the last 30 months, compared to the CCG average of 63% and national average of 58%.

With the exceptions of the meningitis C and pneumococcal vaccines for which no data was available, childhood immunisation rates for the vaccinations given to under two year olds ranged from 97% to 99% compared to the CCG average range of 94% to 97% and five year olds from 96% to 99%, compared to the CCG average range of 90% to 97% and national average range of 87% to 95%.

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

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 three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 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 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:

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 92% and the national average of 89%.
- 90% of patients said the GP gave them enough time compared to the CCG average of 90% 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 97% and the national average of 95%.
- 88% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and 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 92% and national average of 91%.
- 85% 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.

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:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 88% and national average of 82%.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% 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. We saw notices in the reception areas informing patients this service was available. The practice had leaflets for new patients wishing to sign on at the practice in Polish.
- The practice leaflet was available in Standard English and Unified English Braille, and the practice had made arrangements for other forms to be translated into Braille within 24 hrs if requested.
- The practice had a range of leaflets in large font on yellow paper which is often preferred by people with poor vision.

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 146 patients as

carers (1% of the practice list). The practice had been awarded a gold award for caring for carers by a local charity working in partnership with the local authority. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them 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 worked with the CCG and two other local practices under a programme called Transforming Care for Older People (TCOP) to establishing a service to improve care for older people. The service staff included a care coordinator and dementia support worker. One of the aims of this service was to reduce unplanned admissions and we saw data that showed the practice had achieved a 41% reduction in unplanned admissions of patients over 75 years of age living in a care home.

- All patients had a named GP who patients were encouraged to see for appointments whenever possible.
- The practice offered extended hours access from 6.30pm to 7.30pm on Monday and Tuesday for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for all patients including, 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. The practice was a yellow fever centre.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had good facilities for the blind and partially sighted. Signage throughout the building was very clear and included a braille translation. Each consulting room had a large, easy to read number above the door. The practice leaflet was available in a braille format and the practice was able to arrange the translation of any other of its documents into braille within 24 hours. A number of practice leaflets were available in large format on yellow paper. The computer system alerted staff to patients who were blind or partially sighted patients and those with hearing loss.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday, except Monday and Tuesday when they were open until 7.30pm. GP appointments were available between 8.30am and 12.30pm every morning and 2pm to 5.30pm every afternoon. Extended hours appointments were offered from 6.30pm to 7.30pm on Monday and Tuesday.

The practice had recently introduced a new on-the-day triage appointment system where patients were asked to phone on the day they wanted an appointment and they received a return call from a GP or nurse who discussed the patients issues and agreed what action was appropriate and an appointment made for later that day where appropriate. Patients could not usually make appointments in advance. Some extended hours appointments could be booked on-line.

The practice said the new system had reduced the number of people not showing up for appointments from 104 in March 2016 to nine in September 2016. Clinical staff were able to book follow up appointment where these were needed and we saw the practice was trying to use the system flexibly. For example, we saw an elderly gentleman who was unsteady on his feet come in to the practice to make a routine appointment for another day, the receptionist helped him to a seat and after a brief discussion the receptionist sought advice from a clinician, he was given an immediate appointment so he did not have to make a second visit to the surgery. We spoke to patients about the new system and most said it was a good system and an improvement on the previous arrangements. One patient said they had to wait a long time on the phone to speak to the receptionist, but once through the system worked well. The practice told us they were currently recruiting for more reception staff so that more staff would be available to answer the phones.

The practice used this system to assess:

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

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

Are services responsive to people's needs?

(for example, to feedback?)

- 76% of patients were satisfied with the practice's opening hours which is comparable to the CCG average of 81% and national average of 79%.
- 65% of patients said they could get through easily to the practice by phone which is lower than the CCG average of 80% and national average of 73%.

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.
- All complainants were offered a face to face meeting to discuss their complaint.
- We saw examples of the practice weekly newsletter which contained learning from complaints.

We looked at four complaints received in the last 12 months and found they were dealt with in a timely way, and 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, when a patient's employers requested a medical report, the patient specified on the consent form that would like to view the report before it sent to his employer, but this was not done. The practice identified this was caused by a lack of clarity in the procedures which they rewrote to help ensure this error did not happen again.

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.
- The practice was aware of plans for 1,000 new houses to be built in the local area in the next year and had started planning for an increased number of patients registering with the practice.

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.
- During a recent staffing issue caused by long-term sickness, retirements and difficulties in recruiting new GPs, the partners had decided stop doing some tasks on a routine basis. For example, in 2015 they decided to suspend the annual appraisal process and between August and November 2016 they cancelled routine meetings. We were told both of these had now restarted.

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 there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG submitted proposals for improvements to the practice

Are services well-led?

Good 

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

management team. For example, we were told the practice installed a low desk area at reception for wheelchair users and replaced chairs in the waiting area following feedback from the PPG.

- Until recently the longstanding PPG met regularly, often monthly which the practice manager and a GP partner attending quarterly. However due to recent resignations from the PPG it had not met for a few months while it was being reorganised.
- There was also a virtual group of over 500 patients who communicated by email. We saw data showing it included wide mix of people in relation to age and ethnic background.
- The practice actively encouraged patients to complete the NHS Friends and Family test by leaving forms on clipboards in the waiting area.
- The practice encouraged feedback from children and young people by using a feedback form specifically designed for them.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was working with two other local practices and the clinical commissioning group to further develop their services for older people. They were also working with these local partners to enlarge a shared leg ulcer service as it had proved so successful.