

# The Village 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

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## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Surgery on 19 October 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, although a policy and procedure was not available.
- 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 were enthusiastic in their praise of the practice. They said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they usually found it easy to get through to the practice on the telephone and could get an appointment with a named GP. The GPs provided a telephone appointment service which patients said they liked.
- The GPs provided a telephone triage service for urgent appointments and responded to patients' telephone messages in line with recently implemented criteria.
- 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 practice had awareness of where it wanted to improve its services and had plans to develop them to meet future challenges.
- The provider was aware of and complied with the requirements of the duty of candour.

# Summary of findings

The areas where the provider should make improvement are:

- Develop a procedure for the reporting and responding to significant events to support the activity already in place .
- Develop a policy and protocol for responding to medical emergencies to support the staff's knowledge already in place.
- Provide the practice team with clinical protocols to support their roles and responsibilities.
- Continue to actively promote, develop and facilitate a patient participation group to provide feedback about the service provided by the 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, although a specific policy and protocol was not available.
- 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 managed although a written protocol for responding to medical emergencies was not available.

### 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 consistently above the average when compared to local and national averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

### Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.

# Summary of findings

- Feedback from patients was very complimentary about the quality of care provided by the GPs and the availability of appointments. Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

## Are services responsive to people's needs?

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 (CCG) to secure improvements to services where these were identified. The practice participated in the local neighbourhood complex care multi-disciplinary team meetings.
- 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.
- Patients at risk of unplanned admission to hospital had an agreed recorded plan of care in place to support them and their carers to take appropriate action when the patient's health needs deteriorated.
- Planned weekly visits to two local care homes were undertaken by the GPs. This provided continuity of care.
- 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.

Good



- 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.

# Summary of findings

- 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. However, some clinical protocols were not available.
- 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 not active but the practice was advertising for members to restart this.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Planned weekly visits to two local care homes were undertaken by the GPs. This provided continuity of care.
- Monthly multi-disciplinary team meetings were held in the local neighbourhood to review specific patients considered at high risk of hospital admission.
- The practice was proactive in supporting patients on the palliative care register and used the electronic communication tool Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital.

### People with long term conditions

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

Good



- GP partners had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice's performance was above the average of the Clinical Commissioning Group (CCG) and the England average in some of the diabetes indicators outlined in the Quality and Outcomes Framework (QOF) for 2014/15.
- The practice encouraged patients to self refer to education programmes such as Expert for the management of diabetes and other long-term conditions.
- Longer appointments and home visits were available when needed.
- 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.

# Summary of findings

## Families, children and young people

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

Good



- 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 comparable to the Clinical Commissioning Group (CCG) rates 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.
- Appointments were available outside of school hours and the premises were adapted to support parents with young children and babies.
- Quality and Outcome Framework (QOF) 2014/15 data showed that 79% of patients with asthma on the register had an asthma review in the preceding 12 months compared to the CCG average of 76% and the England average of 75%.
- The practice's uptake for the cervical screening programme was 88%, which was better than the CCG and the national average of 82%.
- We heard about positive examples of joint working with midwives, health visitors and school nurses.

## 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).

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice offered flexible surgery times including later evening appointments until 7.30pm on Wednesdays and 8.30pm on Thursdays. Appointments were available with a GP, a practice nurse and health care assistants on these later appointments. Pre-bookable telephone consultations were also available.
- The practice was proactive in offering online services such as booking and cancelling appointments and ordering prescriptions.
- The practice website also offered information on health promotion and screening.



# 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 those with a learning disability.
- The practice offered longer appointments for patients who were vulnerable and those with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- 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.

## 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).

Good



- Data from 2014/15 showed that 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the Clinical Commissioning Group (CCG) average of 87% and the England average of 84%.
- 100% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan recorded in the preceding 12 months, which was higher than the CCG average of 91% and the England average of 88%. However, the practice's clinical exception reporting rate was also higher at 40% compared to the CCG average of 9% and the England average of 13%. The practice explained this was a coding error on the patients' electronic record system.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those 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.

# Summary of findings

## What people who use the service say

The national GP Patient Survey results were published on 7 July 2016. The results showed the practice was performing better in the majority of areas when compared to local and national averages. A total of 224 survey forms were distributed, and 111 were returned. This was a return rate of 50% and represented approximately 2.1% of the practice's patient list.

- 86% of patients found it easy to get through to this practice by phone compared to the Clinical Commissioning Group (CCG) average of 79% and national average of 73%.
- 92% 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 89% and the national average of 85%.
- 99% of patients described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 97% 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 83% and the 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 33 comment cards, all of which were extremely positive about the standard of care received. Every comment card described the practice as either 'excellent' or 'exceptional' or 'fantastic'. Patients said they could get appointments when needed, that GPs provided care and treatment that focused on them and their familial situation and they were fortunate to have such a good GP practice.

We spoke with three patients by telephone the day after the inspection. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comment cards.

The practice did not have a patient participation group or an online reference group. There was evidence that the practice was trying to encourage support from patients to join and develop this group. However to date they had been unsuccessful. One person we spoke with said they had seen the notice requesting volunteers for the patient group.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Develop a procedure for the reporting and responding to significant events to support the activity already in place .
- Develop a policy and protocol for responding to medical emergencies to support the staff's knowledge already in place.
- Provide the practice team with clinical protocols to support their roles and responsibilities.
- Continue to actively promote, develop and facilitate a patient participation group to provide feedback about the service provided by the practice.

# The Village 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.

## Background to The Village Surgery

The Village Surgery is part of the NHS Stockport Clinical Commissioning Group (CCG). Services are provided under a general medical services (GMS) contract with NHS England. The practice has about 5400 patients on their register.

Information published by Public Health England rates the level of deprivation within the practice population group as 10 on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest. The average male and female life expectancy in the locality is 84 years (men) and 86 (women) which is higher than both the CCG and England averages of 79 and 83 years respectively.

The practice building is a converted Victorian property that provides consultation rooms over three floors. A passenger elevator is available to assist patients with mobility issues or parents with baby pushchairs. Other adaptations to the building had been made to ensure people with disabilities could access them. There is an onsite car park.

The practice is a registered partnership between two female and one male GP. The practice employs a practice manager, two practice nurses and one health care assistant as well as reception and admin staff. The practice is a GP training practice.

The practice reception is open from 8.00am until 6.30pm Monday to Friday. Later evening appointments with a GP, a practice nurse and a health care assistant are available until 7.30pm on Wednesdays and until 8.30pm on Thursdays.

When the practice is closed patients are asked to contact NHS 111 for Out of Hours GP care.

The practice provides online access that allows patients to book and cancel appointments and order prescriptions.

## 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 19 October 2016.

During our visit we:

- Spoke with a range of staff including two GP partners, a trainee GP, a practice nurse, a health care assistant, the practice manager, a receptionist, a secretary and an apprentice.

# Detailed findings

- Spoke with three patients who used the service, the day after the inspection.
- Observed how reception staff communicated with patients.
- Reviewed an anonymised sample of patients' personal care or treatment records.
- Reviewed comment cards where patients 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. However a specific policy and protocol was not available
- The practice investigated significant events and identified areas for improvement and these were shared at team meetings as appropriate.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. GPs and nurses we spoke with provided examples of significant events and the action taken as the result of analysis.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

### 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. One GP partner was the lead member of staff for safeguarding. GPs were trained to child protection or child safeguarding level 3. 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. We were told of a recent incident that was raised as a safeguarding concern and this resulted in appropriate action being taken to safeguard the patient.
- A notice in the waiting room advised patients that chaperones were available if required. The practice had a policy in place that stated that staff who acted as chaperones were trained for the role and had a Disclosure and Barring Service (DBS) check in place. (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 infection control clinical lead 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. The local authority health protection nurse had undertaken an infection control audit at the practice in late October 2015. This identified three areas for improvement. Our observations identified that action had been taken to address all but one area, which could not be easily actioned due to the restrictions of the building layout.
- 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). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Processes were in place for handling repeat prescriptions which included the review of high risk medicines such as Lithium and Methotrexate. 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. The health care assistant was trained and mentored to administer vaccines against a patient specific direction from a prescriber.
- We reviewed three personnel files and the recruitment checks undertaken for locum GPs. We 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.

## Are services safe?

- There was a system in place to record and check professional registration of the General Medical Council (GMC) and the Nursing Midwifery Council (NMC). We saw evidence that demonstrated professional registration and appropriate insurance for clinical staff was up to date and valid.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular fire alarm tests. 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, asbestos and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. Staff spoken with confirmed they worked together to cover sudden staff absence.

### Arrangements to deal with emergencies and major incidents

The practice had 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. All staff spoken with were knowledgeable about how to respond to medical emergencies however a specific protocol was not 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 defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 from 2014/15 were 99.7% of the total number of points available with a rate of 9.4% exception reporting for all clinical indicators. The rate of exception reporting was higher than the 5.8% average for the Clinical Commissioning Group (CCG) and similar to the England average of 9.2%. (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 practice stated that exception reporting for some of the performance indicators was coded inaccurately (recorded with the wrong identification code) and this had affected the data.

Available QOF data from previous years identified that the practice consistently achieved over 98% of the points available. Unverified data, supplied by the practice showed they had achieved 99.7% of the points available for 2015/16.

This practice was not an outlier for any QOF (or other national) clinical targets. Data available for the QOF diabetic indicators in 2014/15 showed:

- The percentage of patients with diabetes on the register in whom the last blood test (HbA1c) was 64 mmol/mol or less in the preceding 12 months was 85%, compared to the CCG average of 80% and the England average of 78%.
- The record of diabetic patients with a blood pressure reading recorded within the preceding 12 months was 81%, which was higher than the CCG average of 80% and the England average of 78%.
- The record of diabetic patients whose last measured total cholesterol was 5mmol/l or less within the preceding 12 months was 89%, which was higher than the CCG average of 84% and the England average of 81%.
- 80% of patients with diabetes registered at the practice received a diabetic foot check compared with the CCG average of 84% and the England average of 88%. Clinical exceptions for the practice were 22% compared to the CCG of 6% and the England average 8%. The practice had taken action to improve their diabetic reviews and one practice nurse and the health care assistant were now trained to undertake these. Unverified data supplied for this year (2016/17) showed that the practice had so far carried out 60% of the required diabetic foot checks.

Other data from 2014/15 showed the practice performance was better than the local and England averages. For example:

- 86% of patients with hypertension had their blood pressure measured in the preceding 12 months compared to the CCG average of 85% and the England average of 84%. Unverified data supplied by the practice for 2015/16 showed that 100% of patients had had their blood pressure measured in the preceding 12 months.
- 79% of patients with asthma, on the register had an asthma review in the preceding 12 months compared to the CCG average of 76% and the England average of 75%.
- 94% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 87% and the England average of 84%.

There was evidence of quality improvement including clinical audit.

- Good evidence from clinical audits was available and these were linked to national guidelines such as NICE



# Are services effective?

## (for example, treatment is effective)

and the Medicines and Healthcare Products Regulatory Agency (MHRA) updates. The practice had audited its prescribing practice of Trimethoprim (an antibiotic usually prescribed for uncomplicated urine infections) in response to the CCG's strategy to reduce the incidence of the bowel infection Clostridium Difficile.

The initial audit identified improvements that could be made in clinical prescribing practice of Trimethoprim.

The re-audit in June 2016 identified that the actions identified had been implemented and resulted in improved clinical prescribing.

- Other completed audits included checks on patients being treated with Methotrexate (a cytotoxic drug used for treating arthritis and some auto immune disorders) to ensure they received the appropriate blood tests at the required intervals. Improvements were identified and action taken and the re-audit identified 100% patients benefited from the regular monitoring of their bloods.
- Other recent clinical audits included a two cycle audit of a minor surgery infection control audit. One of the actions of this audit identified that written consent from patients was not always obtained. The GPs confirmed that they intended to implement this recommendation. Other ongoing audits included the monitoring and treatment of patients with Atrial Fibrillation (a cardiac problem) and the effectiveness of GP's training in dermatology and the use of a dermascope (an instrument to study skin lesions in more detail).
- The practice also participated in pilot schemes including providing practice based assessment and treatment of skin lesions and using the 'GP Consultant Connect' scheme to discuss specific patient health care conditions directly with a hospital consultant.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

### Effective staffing

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

- 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 vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered

vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online resources and discussion at practice meetings. The practice nursing team were clear on their role and responsibilities and how to provide safe care and treatment. However, some clinical protocols to support the practice nursing team were not available

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Both the trainee GP and the administration apprentice confirmed they received ongoing support and development opportunities to help their skills and abilities.
- Staff told us about the training they had received including safeguarding, fire safety awareness, basic life support and information governance.

### 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 plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- The practice was proactive in supporting patients on the palliative care register and used an electronic communication tool Electronic Palliative Care Coordination Systems (EPaCCS) to record information that was accessible to the Out of Hours provider and the local hospital. This ensured that clinicians could provide the right level of care and treatment in accordance with patient wishes.

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



# Are services effective?

## (for example, treatment is effective)

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 regular basis including palliative care meetings, multi-disciplinary complex care meetings and safeguarding meetings.

### 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 and Deprivation of Liberty Safeguards (DoLS).
- 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, smoking and alcohol cessation.

- QOF data from 2014/15 showed that the practice's uptake for the cervical screening was 88% with a clinical exception reporting rate of 2%. This was better than the CCG average of 82% and 4% exception reporting rate and the England average of 82% and exception reporting rate of 6%.
- The practice sent reminder text messages, letters and made calls to patients who did not attend for their cervical screening test. There were systems in place to ensure results were received for all samples sent for cervical screening and the practice followed up women who were referred as a result of abnormal results.
- The practice also referred its patients to attend national screening programmes for bowel and breast cancer screening. The practice patient uptake of these tests was better than the CCG and England average.
- Childhood immunisation rates for the vaccinations given in 2014/15 were similar to the CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 65.5% to 91% compared to the CCG range of 69% to 91%. Rates for five year olds ranged from 87% to 90% compared to the CCG range of 85% to 92%.
- Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 35–74. 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.

We received 33 comment cards, all of which were extremely positive about the standard of care received. Every comment card described the practice as either 'excellent' or 'exceptional' or 'fantastic'. Patients said they could get appointments when needed, that GPs provided care and treatment that focused on them and their familial situation and they were fortunate to have such a good GP practice.

We spoke with three patients by telephone the day after the inspection. All were extremely complimentary about the quality of care they received from the GPs and their comments reflected the information we received from the CQC comments cards.

The practice did not have a patient participation group or an online reference group. There was evidence that the practice was trying to encourage support from patients to join and develop this group. However to date they had been unsuccessful. One person we spoke with said they had seen the notice requesting volunteers for the patient group.

The practice provided patients with a quarterly newsletter. This provided information about a range of subjects such as travel vaccinations, dental issues and the availability of later evening health care assistant appointments.

The results from the most recently published GP Patient Survey (July 2016) rated aspects of the care and service provided to patients similar to or better than the Clinical

Commissioning Group (CCG) and England averages. Results from the national GP patient survey showed patients felt that they were treated with compassion, dignity and respect. For example:

- 95% of patients said the GP was good at listening to them compared to the CCG average of 92% and the England average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 91% and the England average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the England average of 95%.
- 95% 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 the England average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the England average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the England 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.

GPs provided examples of care and support they had provided to patients which encompassed the patient's extended family to make sure the whole family was supported. Patients we spoke to gave examples of where the GPs had considered the patient's whole family unit (for example children's needs) whilst treating the patients.

The practice ensured vulnerable patients such as those who were housebound or had a long term condition had an agreed plan of care in place. We were told that 2% of the patient population had a care plan recorded and examples of these were available.

## Are services caring?

Results from the national GP patient survey showed patients' responses were similar to or better than the averages for the CCG and England. For example:

- 92% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the England average of 86%.
- 92% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and England average of 82%.
- 88% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average 88% and the England 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
- A sign language service was available if required for patients with a hearing impairment.

### **Patient and carer support to cope emotionally with care and treatment**

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had 70 patients registered as carers, this equated to approximately 1.3% of their patient population. 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, they offered support as requested by the patient.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

### Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered later evening appointments on Wednesdays and Thursdays.
- There were longer appointments available for patients with a learning disability or special health care need and home visits were available for older patients and patients who had clinical needs that resulted in difficulty attending the practice.
- GPs visited housebound patients with a long term condition to carry out regular monitoring and review.
- The practice provided care and treatment to patients living in two care homes. GPs visited each care home weekly. This reduced the number of requests by the care homes for urgent visits and ensured continuity of care for patients. Additional visits were provided in an emergency.
- The practice was working with the CCG and participated in schemes to improve services to patients. For example, two GPs had recently received training in dermatology and been provided with a dermascope (an instrument to study skin lesions in more detail). The aim of the pilot was to reduce the number of patient referrals to dermatology (secondary care) by providing GPs with the additional knowledge and equipment to undertake a more thorough assessment of skin lesions. The practice had audited how effective the additional training and use of the dermascope had been during a six week period. The audit results included the identification of one incident of skin cancer.
- The practice also participated in the local scheme 'GP Consultant Connect'. This enabled GPs to contact a hospital consultant to discuss a specific patient health care condition. The aim of this was to provide a more responsive service to the patient and potentially reduce the need for a hospital referral.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.

### Access to the service

The practice reception was open from 8.00am until 6.30pm Monday to Friday. Later evening appointments with a GP, a practice nurse and a health care assistant were available until 7.30pm on Wednesdays and until 8.30pm on Thursdays. Urgent appointments were also available each day for people that needed them. Patients told us that they could always get a routine appointment quickly with a named GP and always get an urgent appointment. Pre-bookable appointments either face to face or by telephone consultation could be made up to 6 weeks in advance.

The practice had a policy of always returning calls to patients regardless of the issue, concern or query on the day the call was received. However, patient demand for this service had increased so much so that GPs were working very late each evening to ensure they responded. Following a review and analysis of the patient telephone requests the practice developed and implemented specific criteria. These were medical urgent requests, non urgent messages and requests and non patient related messages. The criteria also detailed who would respond and when. For example, medical urgent requests were responded to on the day by the duty doctor, and non urgent patient messages were responded to within three days.

Results from the national GP patient survey (July 2016) showed that patients' satisfaction with how they could access care and treatment was comparable to or better than the local and national averages.

- 76% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and the national average of 76%.
- 86% of patients said they could get through easily to the practice by phone compared to the CCG average of 79% and the national average of 73%.

### 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

## Are services responsive to people's needs? (for example, to feedback?)

The practice had received three complaints since January 2016. The practice manager had been in post since January 2016 and stated they had not located any records of complaints before this. We reviewed the three complaints

and observed that these were responded to appropriately with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

# Are services well-led?

Good 

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

## Our findings

### Vision and strategy

The practice had a clear vision to deliver high quality care and promote good outcomes for patients. The practice's stated purpose was to provide "Quality care at the heart of the Village"

- The staff we spoke with were all committed to providing a high standard of care and service to patients. Feedback from patients indicated they felt the service they received was very good.
- The practice had a strategy that reflected the vision and values to deliver a quality service, and supporting business plans were regularly monitored. The practice held weekly GP partner meetings and regular team meetings.

### 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:

- Practice management specific policies were implemented and were available to all staff. However some clinical protocols were not available.
- A comprehensive understanding of the performance of the practice was maintained. There was a strong commitment to patient centred care and effective evidence based treatment.
- The practice partners promoted inclusive team work. There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Clinical governance procedures were established and clinical audits undertaken to monitor quality improvements in patient outcomes.
- Other audits, significant event analysis and complaint investigations were used to monitor quality and drive improvements for the practice and for individuals.
- The arrangements for identifying, recording and managing risks, issues and implementing mitigating actions were effective. These were reviewed regularly.
- The practice engaged with the Clinical Commissioning Group (CCG).

### Leadership and culture

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 very 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). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people support, truthful information and an appropriate 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. A range of meeting minutes were available.
- Staff told us there was an open culture within the practice and there were opportunities every day to raise any issues with the practice manager or GP partners. They said they felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. The partners were proactive in supporting staff to undertake training to develop their skills and abilities.

### 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 did not have a patient participation group or an online reference group. There was evidence that the practice was trying to encourage support from patients to join and develop this group. However, to date they had been unsuccessful. One person we spoke with said they had seen the notice requesting volunteers for the patient group.

# Are services well-led?

Good 

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

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

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

- The practice recognised future challenges and opportunities and had plans in place to develop the services they provided.
- The practice was a GP training practice and supported trainee GPs with their additional foundation training.
- The practice was proactive in working collaboratively with multi-disciplinary teams to improve patients' experiences and to deliver a more effective and compassionate standard of care.
- The practice monitored its performance and benchmarked themselves with other practices to ensure they provided a safe and effective service.
- The practice worked closely with the CCG.