

Old Town Surgery

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	3
The six population groups and what we found	6
What people who use the service say	10

Detailed findings from this inspection

Our inspection team	11
Background to Old Town Surgery	11
Why we carried out this inspection	11
How we carried out this inspection	11
Detailed findings	13

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Old Town Surgery on 12 July 2016. Overall the practice is rated as good.

Our key findings across all the areas we inspected were as follows:

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.
- The practice had organised and hosted six patient educational events. A consultant attended these events and covered topics such as women's health, men's health, diabetes, dementia and healthy lifestyle.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

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

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were similar 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.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Summary of findings

- Patients said they were listened to and were happy with the care and treatment they received.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified. Extended hours were available on Tuesday and Thursday evenings every week for patients who could not attend during normal opening hours.
- The practice had good facilities and was well equipped to treat patients and meet their needs. There were parking bays for patients with a disability and automatic doors to enter the building. The practice had wide corridors, easy access for wheelchairs and had large consulting rooms to accommodate wheelchairs, prams and families. On-line booking of appointments and medicine requests were offered by the practice.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken

Good



Summary of findings

- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population. Patient over the age of 75 had a named accountable GP who was also their named care co-ordinator.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice had a register for patients who may need additional care in order to avoid unplanned hospital admissions. Regular multi-disciplinary team meetings took place to discuss all patients on the register. These patients had care plans in place and had telephone access for ordering medicines.
- The practice had run immunisation campaigns regarding flu, shingles and pneumonia.
- The practice had a dedicated telephone line for nursing and residential homes and community teams for easier access.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. There was a GP clinical lead and administrator for all disease registers and the nursing team was trained in supporting patients with long-term conditions.
- All patients on chronic disease registers were on a recall system and those who did not attend appointments persistently were flagged up to clinicians to follow up.
- Longer appointments and home visits were available when needed. The practice nurse and health care assistant provided home visits for chronic disease management for those who were unable to get to the practice.
- 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

Summary of findings

to deliver a multidisciplinary package of care. A practice nurse was available during extended hours to facilitate ease of access to chronic disease reviews and NHS health checks were provided for early identification of chronic diseases.

- The practice offered a Diabetic Retinopathy service through an external provider and INR Screening to monitor patients on anti-coagulant medicine (INR stands for International normalized ratio and is used to determine the clotting rate of blood).

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. The practice had a system to monitor its childhood immunisation programme and non-attenders were discussed with the practice manager for an appropriate follow up.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice ran health promotion campaigns regarding vaccination against nasal flu and rotavirus.
- Sexual health advice, including chlamydia screening as well as a comprehensive contraception service was available.
- Cervical cytology appointments were conducted by a practice nurses during normal nursing clinics.
- On-line appointment booking and prescription ordering was also available.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Extended Hours were available on Tuesday and Thursday evenings. Telephone consultations were also available with all clinicians on a daily basis.

Good



Summary of findings

- The practice triaged all calls on the same day and appointments were offered if appropriate with the Triage Nurse or clinicians.
- 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.

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 children and had notes on patient records to highlight vulnerable adults.
- The practice offered annual health checks and longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice worked with local community support groups and informed vulnerable patients about how to access various support groups and voluntary organisations. This included a well-being service, information was provided about the Citizens Advice Bureau and how to make requests for food bank vouchers.
- 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.

Good



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).

- Annual reviews were offered to all patients on the practice's mental health register. 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 88%. 80% of patients diagnosed with a dementia had, had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.

Good



Summary of findings

- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia. The practice had regular contact with community psychiatric nurses and had a system in place for medicines monitoring.
- 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.
- Patients had access to a confidential self-referral for Cognitive Behaviour Therapy which was organised by the local psychology services.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 291 survey forms were distributed and 115 were returned. This represented 1.5% of the practice's patient list.

- 89% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 73% and to the national average of 73%.
- 75% 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 73% and to the national average of 76%.
- 86% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and to the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who had just moved to the local area compared to the CCG average of 76% and to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 11 comment cards which were all positive about the standard of care received. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also said they were listened to and were happy with the care and treatment they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with nine patients during the inspection. All nine patients said they were satisfied with the care they received. 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. They also told us their dignity and privacy was respected.

The practice's friends and families test results from May 2016 showed that 92% of the 252 responders said they would recommend the practice. This was higher than the local average.

Old Town Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included the CQC Inspector and a GP specialist adviser.

Background to Old Town Surgery

Old Town Surgery is located at Curie Avenue, Swindon, Wiltshire, SN1 4GB. The practice provides its services under the General Medical Services (GMS) contract.

The practice has free parking for its patients and is next to a pharmacy. There are parking bays for patients with a disability and automatic doors to enter the building. The surgery is spread across two floors with wide corridors, easy access for wheelchairs and has large consulting rooms to accommodate wheelchairs, prams and families. The surgery also has baby changing facilities and accessible toilets.

The practice has two male and three female GPs. The current staff of the practice includes:

- 2 GP Partners (1 male and 1 female - 1.46 whole time equivalent WTE)
- 4 Salaried or locum GPs (1.75 WTE)
- 1 Practice Manager (1 WTE)
- 1 Office Manager (1 WTE)
- 1 Finance Manager (0.91 WTE)
- 1 Triage Nurse (0.63 WTE)
- 3 Practice Nurses (1.6 WTE)
- 1 Nursing Assistant (0.85 WTE)
- 1 Phlebotomist (0.22 WTE)

- 7 Receptionists/Admin/Secretarial (4 WTE)

The practice is open from Monday to Friday between 8am and 6.30pm and is closed on the weekends. The main telephone line is not answered for one hour at lunchtimes from 12:30pm to 1:30pm. A recorded message provides a phone number in case the caller has an emergency during this time. In addition to the core opening hours the practice is open until 7.30pm on Tuesday and Thursday every week. When the practice is closed patients can access local walk-in centres, phone the local Out of Hours clinic or NHS 111 outside surgery hours.

The practice area covers the Old Town and Okus area of Swindon. The patient list size was around 8000 at the time of inspection. The practice has higher than national average younger patient population. The patient population numbers from 60 years of age upwards are lower than the national average. The practice serves a dominantly white British population with people from over 18 different ethnical backgrounds.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12th July 2016. During our visit we:

- Spoke with a range of staff including two GPs, three nurses and the practice manager and spoke with nine patients who used the service.
- We received written feedback from eight non-clinical staff.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information 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 and incident reports and saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, following a situation, whereby a patient had a cardiac arrest at the surgery the protocol of dealing with emergencies was updated. Records showed what actions were taken to improve patients' safety in the event of this type of medical emergency. The practice manager talked us through the new process which was in line with these actions.

Another significant event recorded an incident of a child who put their hand in a sharps bin and suffered an injury. We found that appropriate immediate actions were taken and actions were also taken to prevent similar incidents to happen.

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. We saw an example of an appropriate referral which had been made when a children at risk was identified. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. The lead GP was trained to child safeguarding level four. Other GPs were trained to level three, nurses and the nurse assistant to level two and all other staff to level one.

- A notice in the consulting rooms 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. There were arrangements in place regarding the cleaning of the premises and we observed the premises to be clean and tidy. There was an infection control clinical lead who kept up to date with best practice through reading study days and reading professional journals. There was an infection control protocol in place and staff had received up to date training. The infection control lead also kept staff's knowledge up to date regarding infection control by discussing related topics at team meetings. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient 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.

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire tests and 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. The practice monitored the

level of staffing through feedback from and discussion with staff and patients. Staff told us that a full time partnership was available and there was pressure on the reception staff due to vacancies. We noted that the practice had an ongoing recruitment campaign since 2014 and had recruited a five session (0.5 WTE) salaried GP and were re-advertising for another GP post.

Arrangements to deal with emergencies and major incidents

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

- There was a system in place so that staff were able to alert others in any emergency from all the consultation and treatment rooms.
- 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.
- The practice also received support from the local clinical commissioning group (CCG) lead pharmacist and from the CCG's NICE associate regarding NICE guidance.

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 showed the practice had achieved 99% of the total number of points available. On most clinical domains the exception reporting was similar or better than the CCG or national averages. (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 areas where exception reporting were higher had been improved through audits and medicines reviews.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014-2015 showed:

- Performance for diabetes related indicators was similar to the national average.
- 85% of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), which was similar to the clinical commissioning group (CCG) average of 88% and the national average of 88%.

- 73% of patients on the diabetes register, whose last measured total cholesterol (measured within the preceding 12 months 01/04/2014 to 31/03/2015) was 5 mmol/l or less, which was comparable to the clinical commissioning group (CCG) average of 76% and the national average of 81%.
- Performance for mental health related indicators was similar to the national average.
- 92% of patients diagnosed with schizophrenia, bipolar affective disorder and other psychoses had had their care reviewed in a face to face meeting in the last 12 months, which was better than the clinical commissioning group (CCG) average of 88% and the national average of 88%.
- 80% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the CCG average of 86% and to the national average of 84%.

There was evidence of quality improvement including clinical audit.

- There had been eight clinical audits undertaken in the last two years, three of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included the introduction of a proactive approach to identify patients who were taking more than 20mg of Citalopram each day and had reached 65 years of age. These patients would then be written to by the GP to review their Citalopram daily intake to ensure this was in line with recommended guidance. Another example was to ensure that all patients taking medicines for glaucoma were reviewed by a consultant eye specialist and that records of the reviews were kept by the practice for reference.
- Information about patients' outcomes was used to make improvements such as ensuring that patients received appropriate follow-up appointments when needed and that medicines reviews took place.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. This covered such topics as first aid, fire safety and general health and safety. Following the induction staff received further training that included: safeguarding, fire safety awareness, basic life support and infection control. Staff had access to and made use of e-learning training modules and in-house training. Learning also took place during team meetings and through shared learning.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. The practice's training matrix showed that clinical and non-clinical staff had received different levels of training appropriate to their role for example, regarding infection control and manual handling.
- 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, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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. 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. For example, the practice worked together with a local hospice regarding palliative patient care, regular meetings took place with the community matron and with

the staff at the local care home that had patients registered at the practice. Daily reviews also took place regarding patients who were identified as needing attention or care following their discharge from hospital.

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, smoking and alcohol cessation. Smoking cessation appointments were offered and weight management referrals organised by practice nurses where appropriate. Patients were signposted to the relevant support groups and services.

The practice's uptake for the cervical screening programme was 79%, which was comparable to the clinical commissioning group (CCG) average of 81% and the national average of 82%. The practice demonstrated how they encouraged uptake of the screening programme by using posters and reminders in the practice and all patients were sent reminders through the national screening programme. There was a policy to offer telephone reminders and letters for patients who did not attend for their cervical screening test. There was a failsafe system 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

Are services effective?

(for example, treatment is effective)

cancer screening. 80% of female patients aged between 50 and 70 years of age were screened for breast cancer in the previous 36 months compared to the CCG average of 77% and the national average of 72%. 60% of patients aged between 60 and 69 years of age were screened for bowel cancer in the previous 30 months compared to the CCG average of 56% and the national average of 58%. The practice's patient participation group had been organising patient education events which also helped raising awareness and encourage patients to attend various health screening programmes.

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

childhood immunisation rates for the vaccines given to under two year olds ranged from 85% to 98% and five year olds from 93% to 100% compared to the CCG range from 81% to 97% and 91% to 98% respectively.

Patients had access to appropriate health assessments and checks. NHS Health checks were offered at point of registration. All patients between the age of 40 to 74 and not on chronic disease register were offered health checks that were conducted by nurses. Private employment medicals were also offered with patients registered GP. 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.

All of the eleven 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. Patients also said they were listened to and were happy with the care and treatment they received. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with three members of the patient participation group (PPG) who had been patients at the practice for a long time. They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 87% and the national average of 89%.
- 94% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% 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 84% and to the national average of 85%.

- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and to the national average of 91%.
- 71% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%. We found that the practice had taken actions to improve on patients' experience since the GP patient survey was published. This included discussions with and further training of staff.

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 published in January 2016 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:

- 88% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and to the national average of 82%.
- 82% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 86% and to the national average of 85%.

The practice provided facilities to help patients be involved in decisions about their care. There was a hearing loop and staff told us that translation services were also available for patients who did not have English as a first language. Staff also told the practice had a policy to enable patients to attend the surgery if they had guide dogs.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 96 patients as carers (1.2% of the practice list). Written information was available to direct carers to the various avenues of support

available to them. The practice also had a carers' pack which included a registration form for a local carer support group. The practice's newsletters also drew carers attention to the available support and advise them to contact the practice's carer's lead for further information.

Staff told us that if families had suffered bereavement, their GP was notified who offered their support and gave 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.

- Extended hours were available on Tuesday and Thursday evenings every week for 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 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.
- The practice had organised and hosted six patient educational events. A consultant attended these events and covered topics such as women's health, men's health, diabetes, dementia and healthy lifestyle.
- The practice offered management, review and/or screening of various conditions such as asthma, chronic obstructive pulmonary disease (COPD), dementia, heart disease, kidney disease and stroke.
- The surgery offered support with smoking cessation.
- Patients were able to receive all NHS and private travel vaccinations and advice for travel. Old Town Surgery was also an official Yellow Fever Travel clinic.
- There were accessible facilities, a hearing loop and translation services available.
- There was a 'pram park' in the foyer at the front entrance and there were baby changing facilities.
- There were parking bays for patients with a disability and automatic doors to enter the building. The surgery had wide corridors, easy access for wheelchairs and had large consulting rooms to accommodate wheelchairs, prams and families.
- On-line booking of appointments and medicines requests were offered by the surgery.

Access to the service

The practice was open from Monday to Friday between 8am and 6.30pm and was closed on the weekends. The main telephone line was not answered for one hour at

lunchtimes from 12.30pm to 1.30pm. A recorded message provided a phone number in case the caller had an emergency during this time. In addition to the core opening hours the practice was open until 7.30pm on Tuesday and Thursday every week. The practice operated an "appointment only" system and telephone calls were triaged by a nurse who signposted patients to the most appropriate care. Emergency appointments with healthcare professionals were also available.

The practice is open from Monday to Friday between 8am and 6.30pm and is closed on the weekends. The main telephone line is not answered for one hour at lunchtimes from 12:30pm to 1:30pm. In addition to the core opening hours the practice is open until 7.30pm on Tuesday and Thursday every week. When the practice is closed patients can access local walk-in centres, phone the local Out of Hours clinic or NHS 111 outside surgery hours.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 77% and to the national average of 78%.
- 89% of patients said they could get through easily to the practice by phone compared to the CCG average of 73% and to the national average of 73%.

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. The practice's leaflet about its complaints system was available in the waiting rooms and clearly outlined how patients can make a complaint and how the practice would deal with complaints.

We looked at four complaints received in the last 12 months and found these were satisfactorily investigated

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

and handled. The practice dealt with complaints in a timely way with openness and transparency. Lessons were learnt from individual concerns and complaints and action was taken as a result to improve the quality of care. For example, when a patient complained about the advice that was given by a receptionist the issue was discussed with

the patient participation group (PPG) and issues were shared and discussed during an the administration team meeting. A written response with the outcomes of the complaint investigation was sent to the complainant. We also found that learning points from these complaints were discussed at team meetings.

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 communicated through the practice leaflet and its patient charter. Staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

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

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

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

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- 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 monthly practice meetings and other regular team meetings for the different staff groups.
- 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 thought their views were listened to and acted on. We also noted team away days had been held.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, they suggested an education programme on the services provided by the triage nurse to help the patients understand and use the service more. Further suggestions which had been acted upon were to continue with the promotion of the self-service check-in and to organise educational evenings for patients regarding certain medical conditions or illnesses, to raise patients awareness and to promote self-care.

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 discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff said that changes were made as result of their feedback, for example, getting dedicated time for completing administration tasks. 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. In the last twelve months the practice had been a pilot practice for the electronic prescriptions service (EPS) to improve the patient experience when requesting their medicines. Old Town Surgery had also been a pilot practice for introducing the electronic booking service for SUCCESS centres (Urgent treatment centres) which improved patient outcomes by offering patients who requested urgent on the day appointments an opportunity to see a clinician on the same day.