

Romney House 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 Romney House Surgery on 8 March 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 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.

- Patients said they did not always find it easy to make an appointment, however we saw many examples of urgent appointments available the same day and that there was continuity of care for those patients with complex health needs.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

- The practice offered sigmoidoscopy (a routine test to examine the lining of your sigmoid colon), endometrial biopsy (a medical procedure that involves taking a tissue sample of the lining of the uterus), ultrasound coil placement checks and slit lamp eye examinations on site which reduced the need for patients to attend a hospital.

Summary of findings

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, these were regularly discussed to ensure any relevant learning was shared across the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and 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, monitored and well managed.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- The GPs used a recent flu clinic to provide opportunistic screening for an irregular heart rhythm, this found 3.8% of those screened needed intervention which was then followed up and the appropriate treatment commenced for these patients.
- One of the GPs had worked with local GPs and the local commissioning group to set up a system to provide up to date clinical pathways and an information network to improve access to the appropriate services and ongoing care and treatment
- 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 multidisciplinary teams 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



Summary of findings

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- We observed a strong patient-centred culture.
- Feedback from patients about their care and treatment was consistently and strongly positive.
- 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



- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example the practice had embraced a scheme to provide support for patient's social and emotional needs through a social prescribing scheme.
- The practice offered sigmoidoscopy (a routine test to examine the lining of your sigmoid colon), endometrial biopsy (a medical procedure that involves taking a tissue sample of the lining of the uterus), ultrasound coil placement checks and slit lamp eye examinations on site which reduced the need for patients to attend a hospital.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example following feedback the practice had changed the process for accessing blood test results to improve access, introduced an information screen in the waiting area and provided information through local magazines.
- Patients could access appointments and services in a way and at a time that suited them. For example on line appointments, telephone consultations and some extended hours appointments.
- 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 the practice responded quickly when issues were 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



Summary of findings

- 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 this.
- 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 knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice undertook weekly ward rounds in two local care homes to provide regular reviews and continuity of care.

The practice worked closely with several agencies/charities to provide additional support to people at risk of social isolation. Including a local befriending service for the elderly and a Memory Club which offers social activities and lunch.

Good



People with long term conditions

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

- The percentage of patients with diabetes, on the register, in whom the last cholesterol blood test was in the target range in the preceding 12 months (2014 to 2015), was 89% which was better than the national average of 81%.
- The percentage of patients with diabetes, on the register whose blood pressure was in the target range, in the last 12 months (2014 to 2015) was 84% which was better than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014 to 2015) was 99% which was better than the national average of 94%.
- The percentage of patients with high blood pressure having regular blood pressure tests was better than the national average.
- The percentage of patients with high blood pressure in whom the last blood pressure reading, measured in the preceding 12 months was in the target range (2014 to 2015) was 90% which was higher than the national average of 84%.
- Longer appointments and home visits were available when needed.
- The practice had introduced a management plan template for patients with a chronic lung condition to improve their care and advice to support their own management of their condition.

Good



Summary of findings

- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk for example children who may have a high attendance at A&E. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice runs a weekly sexual health clinic for any patients under 25. Patients from other surgeries and the local secondary school can also access this clinic for anonymous sexual health advice.
- The percentage of patients with asthma who had had their care reviewed in the last 12 months (2014 to 2015) was 76% which was comparable to the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years (2014 to 2015) was 82% which was the same as the national average.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

The practice offered early appointments, evening appointments and a Saturday morning surgery every other week.

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 who may be socially isolated and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- 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



- The percentage of patients with a serious mental health problem who have a comprehensive agreed care plan documented in their record in the preceding 12 months (2014 to 2015) was 93% which was better than the national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded, in the last 12 months (2014 to 2015) was 96% which was better than the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 95% which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.

Summary of findings

- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 January 2016. The results showed the practice was performing in line with local and national averages. 237 survey forms were distributed and 107 were returned. This represented 1.4% of the practice's patient list.

- 87% found it easy to get through to this surgery by phone compared to a CCG average of 83% and a national average of 73%.
- 94% were able to get an appointment to see or speak to someone the last time they tried (CCG average 89%, national average 85%).
- 74% described the overall experience of their GP surgery as fairly good or very good (CCG average 89%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 83%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 27 comment cards; all of which were all positive about the standard of care received. The comments we received reported excellent caring staff, and that patients felt listened to, and well supported

We spoke with eight patients during the inspection. Seven patients said they were happy with the care they received and thought staff were approachable, committed and caring. Although a couple noted frustration with access to appointments and not being updated if appointments were running late. The majority of patients felt they were given good supportive time in their appointments and felt listened to and not rushed. One patient felt they did not always get enough time for their needs.

Outstanding practice

We saw one area of outstanding practice:

- The practice offered sigmoidoscopy (a routine test to examine the lining of your sigmoid colon), endometrial biopsy (a medical procedure that

involves taking a tissue sample of the lining of the uterus), ultrasound coil placement checks and slit lamp eye examinations on site which reduced the need for patients to attend a hospital.

Romney House 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 a GP specialist adviser, a pharmacist specialist adviser and a practice manager specialist adviser.

Background to Romney House Surgery

Romney House Surgery is situated in the town of Tetbury in Gloucestershire. The practice is based in an extended and refurbished building with level access from the front and rear of the building. All the clinical rooms are on the ground floor.

The practice holds a General Medical Services (GMS) contract for the provision of primary care services. (A GMS contract is a contract between NHS England and general practices for delivering general medical services).

The practice comprises four partners, two male and two female, plus one salaried doctor (male).

The practice is a teaching and training practice and supports a GP registrar (Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine), and medical students from local universities. The practice is supported by five practice nurses, two health care assistants, reception and administration staff and the management team.

The practice is open between 8am and 6pm Monday to Friday, a phone messaging system is used between 6pm and 6.30 pm for GP contact in an emergency. Appointments

were variable according to demand but on average were available from 8.30am to 12pm and 3pm to 6pm daily. Extended surgery hours were offered Thursday mornings from 7.30 am and evening appointment until 8.15 Wednesdays and every other Saturday morning from 9am to 12pm.

When the practice is closed the out of hours cover is provided by Gloucestershire Out Of Hours accessed via NHS 111.

The practice contains a dispensing service from the building. The dispensing service runs alongside the main practice opening hours but closes between 1pm to 2pm.

The services provided are available from the practice location at:

Romney House Surgery. 41-43 Long Street, Tetbury, Gloucestershire. GL8 8AA.

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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 8 March 2016. During our visit we:

- Spoke with a range of staff, including four GPs, five of the nursing team, a range of the reception, administration and management team. We spoke to staff from the dispensing team, the patient participation group and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.

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. For example following an incident the practice ensured all staff knew the location of the emergency bag and updated the process for the checking and monitoring of the contents.

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 that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Child Safeguarding level three.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS

check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. One of the practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example, since the last audit a toy cleaning schedule had been introduced, a couch replacement programme had been implemented, and the treatment room had been refurbished.
- The arrangements for managing medicines, including emergency drugs and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice was undertaking the appropriate checks before prescribing or issuing any high risk medicines. The practice had the option to dispense medicines for some of the population and undertook a safe system to check the medicines before they were issued including a double check system. 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 and met weekly with a local clinical commissioning pharmacist lead to support this. Prescription pads were securely stored and there were systems in place to monitor their use. Two of the nurses were undertaking their training to become Independent Prescribers, they were receiving mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse were on the premises.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. The last fire drill had been undertaken in February 2016. 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 that enough staff were on duty. We also saw how the GPs and nursing team supported each other to manage the on day demand.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.

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.

- One of the GPs had undertaken research into the efficacy of stratification and prediction tools and how effective these were for general practice. This had increased awareness of risk scoring and prediction tools for GPs.
- One of the GPs had worked with local GPs and the local commissioning group to set up a system to provide up to date clinical pathways and an information network to improve access to the appropriate services and ongoing care and treatment.
- 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 peoples' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 7% exception reporting. (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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014 to 2015 showed;

- Performance for diabetes related indicators were higher than the national averages for example:

- The percentage of patients with diabetes, on the register, in whom the last cholesterol blood test was in the target range in the preceding 12 months (2014 to 2015) was 89% which was better than the national average of 81%.
- The percentage of patients with diabetes, on the register whose blood pressure was in the target range, in the last 12 months (2014 to 2015) was 84% which was better than the national average of 78%.
- The percentage of patients with diabetes, on the register, who have had influenza immunisation in the preceding 1 August to 31 March (2014 to 2015) was 99% which was better than the national average of 94%.
- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months (2014 to 2015) was 96% which was better than the national average of 88%.
- The percentage of patients with high blood pressure having regular blood pressure tests was better than the national average.
- The percentage of patients with high blood pressure in whom the last blood pressure reading, measured in the preceding 12 months was in the target range (2014 to 2015) was 90% which was higher than the national average of 84%.

Performance for mental health related indicators were higher than the national averages:

- The percentage of patients with a serious mental health problem who have a comprehensive agreed care plan documented in their record in the preceding 12 months (2014 to 2015) was 93% which was better than the national average of 88%.
- The percentage of patients with serious mental health problems whose alcohol consumption has been recorded, in the last 12 months (2014 to 2015) was 96% which was better than the national average of 90%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months (2014 to 2015) was 95% which was higher than the national average of 84%.
- The practice had introduced a management plan template for patients with a chronic lung condition to improve their care and advice to support their own management of their condition.

Clinical audits demonstrated quality improvement.

Are services effective?

(for example, treatment is effective)

- There had been seven clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. For example the GPs had used a flu clinic to provide opportunistic screening an irregular heart rhythm, this found 3.8% of those screened needed intervention which was then followed up and the appropriate treatment commenced for these patients.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, an audit into the guidance for antibiotic prescribing had shown an appropriate reduction in the use of antibiotic prescribing. The audit was ongoing to continue to monitor and improve the treatments for patients.

Information about patients' outcomes was used to make improvements. For example the GPs looked at how effective patients were using certain eye drops, and provided information on administration and storage for those patients.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering 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 on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff development was recognised as integral to patient care. The nursing team were supported to undertake a range of training courses to support patient care and treatment and increase the

range of services offered by the practice. For example, non-medical prescribing course, health care assistant course and a diabetes diploma. All the nursing team and GPs had a system for ongoing support, protected learning time for their development including one-to-one meetings, appraisals, mentoring, clinical supervision and facilitation and support for GP revalidation. All staff had had an appraisal within the last 12 months.

- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- 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 services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

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.

Are services effective?

(for example, treatment is effective)

- 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 records audits.

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support.

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and weight management. Patients were then signposted to the relevant service.
- Smoking cessation and healthy living advice was available on the premises and from a local support group. The practice had set up a swimming exercise session through collaboration with the patient participation group.
- The practice's uptake for the cervical screening programme was 75%, which was comparable to the clinical commissioning group (CCG) average of 78%. There was a policy to offer telephone reminders for

patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. The practice's uptake for patients eligible for the breast screening programme was 71% which was below the CCG average of 77%, and for the bowel screening programme was 62% comparable with the CCG average of 63%.

Childhood immunisation rates for the vaccinations given to under two year olds ranged from 70% to 97%, compared to the CCG range of 72% to 96%, and five year olds from 98% to 100%, which was better than the CCG range of 90% to 95%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 27 comment cards; all of which were all positive about the standard of care received. The comments we received reported excellent caring staff, and that patients felt listened to, and well supported. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 90% said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 87% said the GP gave them enough time (CCG average 89%, national average 87%).

- 93% say the last nurse they saw or spoke to was good at giving them enough time (CCG average 93%, national average 92%)
- 100% said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 88% said the last GP they spoke to was good at treating them with care and concern (CCG average 88, national average 85%).
- 89% said the last nurse they spoke to was good at treating them with care and concern (CCG average 92, national average 91%).
- 84% said they found the receptionists at the practice helpful (CCG average 90%, national average 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 on the comment cards we received was also very positive and aligned with these views.

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

- 84% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 80% said the last GP they saw was good at involving them in decisions about their care (CCG average 85%, national average 82%)
- 69% said the last nurse they saw was good at involving them in decisions about their care (CCG average 87%, national average 85%).

This was not supported by the feedback we received on the day and from the comment cards we received.

Staff told us that translation services were available for patients who did not have English as a first language.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

A carer's support corner had been set up in the patient waiting room, and information was also available on the website which told patients how to access a number of support groups and organisations. The practice had a carers champion and was actively looking to identify and offer support to carers. The carers champion had provided an information session to the practice team. In addition the practice had conducted a carers evening with the patient participation group.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 1% of the practice list as carers. Written information in a carers support pack was available to direct carers to the various avenues of support available to them.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered sigmoidoscopy, endometrial biopsy and ultrasound coil placement checks and slit lamp eye examinations on site which reduced the need for patients to attend a hospital.
- The practice offered 24 hour electrocardiogram monitoring to save patients from attending a hospital for this test.
- The practice offered extended hours appointments on a Wednesday evening until 8.30pm and early appointments on Thursday's from 7.30am for working patients who could not attend during normal opening hours. The practice offered a Saturday surgery every other week following feedback from patients.
- There were longer appointments available for patients with complex needs or a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- The practice worked closely with several agencies/charities to provide additional support to people at risk of social isolation. Including a local befriending service for the elderly and a Memory Club which offers social activities and lunch.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice had run a first aid course for patients and carers at the practice in collaboration with the patient participation group and a health charity (in March 2016).
- There were disabled facilities, a hearing loop, information for patients in brail including the signs on the consultation room doors and translation services available.

- We saw an example where a patient with specific needs had been booked in to the last appointment session to ensure enough time was available for them and one example where a home visit had been arranged for a patient who found the surgery environment distressing.

Access to the service

The practice was open between 8am and 6pm Monday to Friday a phone messaging system was in place from 6pm to 6.30 pm for GP contact in an emergency. Appointments were variable according to demand but on average were available from 8.30am to 12pm and 3pm to 6pm daily. Extended surgery hours were offered Thursday mornings from 7.30 am and evening appointment until 8.15pm Wednesdays and every other Saturday morning from 9am to 12pm. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 72% of patients were satisfied with the practice's opening hours compared to the CCG average of 76%, and national average of 75%.
- 87% patients said they could get through easily to the surgery by phone (CCG average 83%, national average 73%).
- 61% patients said they always or almost always see or speak to the GP they prefer (CCG average 68%, national average 59%).
- 51% usually wait 15 minutes or less after their appointment time to be seen (CCG average 68%, national average 65%).

We received mixed feedback from patients on the day of the inspection relating to access to routine appointments. However the majority felt that they were able to get appointments when they needed them, three of the patients we spoke with had arranged their urgent appointment that day. We saw many examples of extra 'on the day' appointments being accommodated for patients who felt they needed to be seen urgently. This included lots of examples of GPs and nurses taking on extra consultations and often running over their scheduled session times.

Are services responsive to people's needs?

(for example, to feedback?)

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 in the waiting area and on the website.

We looked at two complaints received in the last 12 months and found these were dealt with in a timely way 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. For example a complaint was investigated relating to a follow up procedure needed at the practice. From this incident investigation an apology and explanation had been given to the patient, and the practice had introduced a further system to improve communication between the local hospitals and the practice to reduce the likelihood of any future incidence.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and the practice website and 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 which 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

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritise safe, high quality and compassionate care. The partners were visible in the practice and staff told us they were approachable and always took the time to listen to all members of staff.

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 knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice gave affected people reasonable support, truthful information and a verbal and written apology
- They kept written records of verbal interactions as well as written correspondence.

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, the waiting area had been redesigned to streamline the information sources available, the PPG and GPs provided information to the community through local magazines and a PPG blog. The PPG had also provided feedback to the community on the appointment system to address some of the issues raised due to patient expectation.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they felt the practice had a very open accessible approach and that they would not hesitate to give

Are services well-led?

Good 

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

feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice had run a healthy living evening at the practice

and offered opportunistic health checks throughout the evening. The evening also offered a range of information relating to support services and health promotion advice. The practice was proactively working with the social prescribing clinical commissioning staff to improve the holistic care and support for patients. The practice met weekly with the clinical commissioning pharmacist to ensure optimum treatment pathways were in place, for example a joint audit into patients who were taking multiple medicines had been conducted.