

The Downland Practice

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?

Outstanding 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	11

Detailed findings from this inspection

Our inspection team	12
Background to The Downland Practice	12
Why we carried out this inspection	12
How we carried out this inspection	12
Detailed findings	14

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection of The Downland Practice on 16 December 2015. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, appropriately reviewed and addressed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment. Information was provided to help patients understand the care available to them.

- 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 (PPG).
- The practice had an effective governance system in place, was well organised and actively sought to learn from performance data, incidents and feedback.

We saw two areas of outstanding practice including:

- The Downland Practice had responded to the needs of the wider community and was providing an ultrasound scanning service. The practice uses a high quality scanner and offers scans for the abdomen including liver, gall bladder, abdominal aorta, pelvis and pregnancy assessment. This resulted in patients receiving scans at a more convenient location than travelling to hospital, often a shorter waiting time and one expectant mother told us the early pregnancy scans provided reassurance and continuity of care. The practice performs approximately 300 ultrasound scans each year and was regularly audited to demonstrate quality improvement as part of the clinical audit

Summary of findings

programme within the practice. Recent notable diagnoses following ultrasound scans include three cases of testicular cancer, a life threatening critical abdominal aortic aneurysm and 13 pregnant women have avoided hospital admission following first trimester pregnancy scans.

- The Downland Practice provides GP services to a local independent, specialist school for pupils with autism, moderate to severe learning difficulties and complex needs. There was specific designated GP point of contacts for the school (approximately 68 patients). Contact details of the designated GP were shared with the relevant staff and patients families, enabling continuity of care and quick access to the right staff at the practice. The designated GP had 16

years' experience of working with patients with autism and could demonstrate regular and up-to-date autism specific training and undertook monthly 'Looked After Children' Health Reviews and updates from the Royal College of General Practitioners.

However, there was an area of practice where the provider needs to make improvements.

Importantly the provider should:

- Continue to review and monitor the performance and outcomes for patients with diabetes and COPD.

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.

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses.
- Information about safety was recorded, monitored, appropriately reviewed and addressed. Risk management was comprehensive, well embedded and recognised as the responsibility of all staff.
- The premises and equipment were clean, hygienic and well maintained.
- The practice had robust arrangements in place to respond to emergencies and other unforeseen situations such as the loss of utilities.

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe and safeguarded from abuse.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcomes were slightly below average for the locality. Quality and Outcomes Framework (QOF) data available to us showed that the practice was lower than national average (93.5%) and lower when compared to local Newbury and District Clinical Commissioning Group average (94.6%) achievement levels. In the latest year 2014-2015, the practice scored 90.7%.
- The GP partners, practice manager and other key members of the practice team had a comprehensive understanding of the performance of the practice and had arrangements and a detailed strategy in place to improve patient outcomes.
- Our findings showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- Clinical audits demonstrated quality improvement, for example in the management of patients with upper respiratory tract infections.

Good



Summary of findings

- Staff had received training appropriate to their roles and any further training needs had been identified and appropriate training planned to meet these needs.
- There was evidence of appraisals and personal development plans for all staff.

Are services caring?

The practice is rated as good for providing caring services.

- Feedback from patients about their care and treatment was consistently and strongly positive.
- We observed a strong patient-centred culture.
- Information for patients about the services available was easy to understand and accessible.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. Patients told us the GPs take additional time to ensure patients received the care they needed such as making contact with patients outside of normal working hours and contacting secondary medical services to ensure referrals were received.

Data from the national patient survey showed the practice was rated 'among the best' for patients who rated the practice as good or very good. For example:

- 89% of patients said the GP they saw or spoke to was good at involving them in decisions about their care. This was higher when compared to the CCG average (83%) and national average (81%).

Good



Are services responsive to people's needs?

The practice is rated as outstanding for providing responsive services.

- It reviewed the needs of its local population and engaged with the NHS Area Team, Newbury and District Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example providing an ultrasound scanning service at the practice resulting in patients receiving scans at a more convenient location than travelling to hospital with a shorter waiting time.
- Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised.

Outstanding



Summary of findings

Patients responding to the GP National patient survey reflected excellent access to appointments. For example:

- 91% of patients found it easy to get through to the surgery by telephone which was significantly higher when compared with the CCG average (78%) and the national average (73%).
- 82% of patients said they usually wait 15 minutes or less after their appointment time to be seen. This is significantly higher when compared to the CCG average (64%) and national average (65%).
- 92% of patients said they were able to get an appointment to see or speak to someone the last time they tried. This was higher when compared with the CCG average (88%) and national average (85%).

Are services well-led?

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

- It had a clear vision and strategy to deliver high quality care and promote good outcomes for patients.
- 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 practice had a strategic approach to future planning as the local health economy continues to change.
- The partners encouraged a culture of openness and honesty. The provider was aware of and complied with the requirements of the Duty of Candour.
- The practice had systems in place for knowing about notifiable safety incidents.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and involved in decisions. For example, changing the design of the waiting room to increase patient privacy and increasing the size of the car park.
- Staff had received inductions, regular performance reviews and attended staff meetings and events.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- The practice provided person centred care to meet the needs of the older patients in its population and had a range of enhanced services, for example in dementia, end of life care and reducing admissions to hospital.
- It was responsive to the needs of older people, and offered home visits and rapid access appointments for those with enhanced needs.
- The practice systematically identified older patients and coordinated the multi-disciplinary team (MDT) for the planning and delivery of palliative care for people approaching the end of life.
- One of the practice GPs attends and facilitates an interactive 'end-of-life' session at a local church within the community. The GP which led this session worked within the five priorities for 'end-of-life' care.
- This rural practice provided a service which delivered prescription products and medicines to vulnerable, isolated and housebound patients.
- Unplanned hospital admissions and re-admissions for this group were regularly reviewed and improvements made.

Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. For example:

- 81.2% of patients aged 65 and over had received a seasonal flu vaccination. This is higher when compared to the national average (73.2%).
- 90.9% of patients with atrial fibrillation are currently treated with anti-coagulation therapy. This is higher when compared to the national average (85.3%).
- 100% of patients aged 75 or over with a record of a fragility fracture (on or after 1 April 2014) and a diagnosis of osteoporosis, are currently treated with an appropriate bone-sparing agent. This was higher than the national average (92.9%).

Good



People with long term conditions

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

Good



Summary of findings

- The GPs and nurse team had the knowledge, skills and competency to respond to the needs of patients with long term conditions such as diabetes and COPD (Chronic obstructive pulmonary disease is the name for a collection of lung diseases including chronic bronchitis, emphysema and chronic obstructive airways disease).
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check that their health and medicine needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with end of life care needs and their families were well supported by the practice. One of the GPs facilitated an end of life community session at a local church.

Historic quality data demonstrated the monitoring of patients with long term conditions, for example dementia, was similar to the national average. However, data demonstrated the monitoring of patients with diabetes was lower than the local CCG and national average. For example:

Performance for diabetes related indicators was lower (75.6%) than both the CCG (86.2%) and national average (89.2%). This was discussed during the inspection and all the key members of the practice team had a comprehensive understanding of the performance of the practice and we saw a detailed strategy in place to improve diabetic patient outcomes.

Families, children and young people

The practice is rated as outstanding 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.
- 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 practice's performance for the cervical screening programme was 84%, which was higher when compared to the CCG average (77.4%) and the national average (81.8%).
- We saw good examples of joint working with midwives and health visitors. Appointments were available outside of school hours and the premises were suitable for children and babies.

Outstanding



Summary of findings

- The practice provides an ultrasound scanning service offering scans for the abdomen including liver, gall bladder, abdominal aorta, pelvis and pregnancy assessment. Recent notable diagnoses following ultrasound scans included 13 pregnant women who avoided hospital admission following first trimester pregnancy scans. One expectant mother told us the early pregnancy scans provided reassurance and continuity of care.

Immunisation rates for standard childhood immunisations (12 months, 24 months and five years) given in 2014/15 were higher when compared with the CCG average. For example:

- 94.9% of patients aged 12 months had received PCV vaccination, the CCG average was 92.2% (PCV is a pneumococcal vaccine).

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 Downland Practice was open between 7.30am and 7.00pm Monday to Friday. Routine appointments are between 7.30am and 6.40pm Monday to Friday with the exception of Thursdays. On Thursdays routine appointments ranged from 8.00am and 7.00pm. The branch surgery in Compton was open 8.00am to 12noon each weekday morning.
- The dispensary at both the Downland Practice and branch surgery in Compton were open at the same times as the surgery.
- 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. One patient we spoke with praised email correspondence from the GPs and commented this pragmatic approach, for someone with a full time job was very much appreciated.
- Health promotion advice including up to date health promotion material was available through the practice and on the practice website.

Good



Summary of findings

People whose circumstances may make them vulnerable

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

- The practice held a register of vulnerable patients including those with a learning disability. We saw the practice had carried out annual health checks for people with a learning disability and these patients had a personalised care plan in place.
- The Downland Practice provides GP services to a local independent, specialist school for pupils with autism, moderate to severe learning difficulties and complex needs. There was specific designated GP point of contact for the school (approximately 68 patients). Contact details of the designated GP were shared with the relevant staff and patients families, enabling continuity of care and quick access to the right staff at the practice.
- We saw longer appointments were available for patients that needed them.
- It had told 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.

Outstanding



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).

The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Staff had a good understanding of how to support people with mental health needs and dementia.

The practice had carried out advance care planning including regular face-to-face care review for patients with dementia. For example:

89.3% of patients diagnosed with dementia had a face-to-face review; this was higher when compared with the CCG average (85.5%) and the national average (84%).

Good



Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing higher than the local (CCG) and national averages. There were 125 responses and a response rate of 44%.

- 91% of patients found it easy to get through to the surgery by telephone which is significantly higher when compared with the CCG average (78%) and the national average (73%).
- 84% of patients found the receptionists at this surgery helpful which is lower when compared with the CCG and the national average, both 87%.
- 83% of patients would recommend this surgery to someone new to the area. This is slightly higher when compared with the CCG average (80%) and the national average (78%).

- 92% of patients were able to get an appointment to see or speak to someone the last time they tried which is higher when compared to the CCG average (88%) and the national average (85%).
- 87% of patients described their overall experience of this surgery as good which was similar when compared to the CCG average (86%) and the national average (85%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were all highly positive about the standard of care received.

Patients reported that they felt that all the staff treated them with respect, listened to and involved in their care and treatment. Patients were complimentary about the appointments system and its ease of access and the flexibility provided.

The Downland Practice

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 second CQC inspector, two specialist advisors (a GP and a Practice Manager) and an Expert by Experience.

Experts by Experience are members of the team who have received care and experienced treatment from similar services. They are granted the same authority to enter registered persons' premises as the CQC inspectors.

Background to The Downland Practice

The Downland Practice is a dispensing practice and offers GP services to the local community in rural West Berkshire including the surrounding 13 villages and hamlets within a 120 square mile radius. The practice is part of Newbury and District Clinical Commissioning Group (CCG). The practice provides general medical services to approximately 11,000 registered patients.

Clinical services are provided from:

- Chieveley Surgery, East Lane, Chieveley, Newbury, Berkshire, RG20 8UY.
- Compton Surgery, High Street, Compton, Newbury, Berkshire, RG20 6NJ

The practice has core opening hours from 7.30am to 7.00pm Monday to Friday to enable patients to contact the practice. The branch surgery in Compton is open every weekday morning between 8.00am and 12.00 noon.

The patient population has increased by approximately 17% in the last four years. The practice population has a significantly higher proportion of patients aged 5-14 and 40-54 compared to the national average. The practice also provides GP services to a local independent, specialist school for pupils with autism, moderate to severe learning difficulties and complex needs (approximately 68 patients).

According to national data there is minimal deprivation within the locality.

The practice comprises of seven GP partners (four male, three female) who are supported by two female salaried GPs and one female GP Registrar. The practice is a training practice for GP Registrars. GP Registrars are qualified doctors who undertake additional training to gain experience and higher qualifications in general practice and family medicine.

The all-female nursing team consists of five practice nurses and one health care assistant with a mix of skills and experience. In addition, the practice is supported by one midwife who runs clinics on the practice premises. The practice also works closely with health visitors and district nurses.

A practice manager, an assistant practice manager, a dispensary/reception manager and a team of reception, administrative and 10 dispensary staff undertake the day to day management and running of the practice. The practice is engaged with the apprentice programme and has one apprentice who undertakes administration and reception duties.

The practice opted out of providing the out-of-hours service. This service is provided by the out-of-hours service accessed via the NHS 111 service. Advice on how to access the out-of-hours service is clearly displayed on the practice website and over the telephone when the surgery is closed.

Detailed findings

Why we carried out this inspection

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

How we carried out this inspection

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 looks 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)

Before visiting we checked information about the practice such as clinical performance data and patient feedback. This included information from Newbury and District Clinical Commissioning Group (CCG), Healthwatch West Berkshire, NHS England and Public Health England.

We carried out an announced inspection on 16 December 2015 and visited the main surgery (Downland Practice, Chieveley) we did not visit the branch surgery in Compton as part of this inspection.

During the inspection we spoke with five GPs, one GP Registrar, two practice nurses, a dispenser, dispensary/reception manager, five members of administration team including an apprentice, a receptionist, practice manager and assistant practice manager. We also spoke with six members of the patient participation group.

We reviewed how GPs made clinical decisions. We reviewed a variety of policies and procedures used by the practice to run the service. We looked at the outcomes from investigations into significant events and audits to determine how the practice monitored and improved its performance. We checked to see if complaints were acted on and responded to.

We looked at the premises to check the practice was a safe and accessible environment. We looked at documentation including relevant monitoring tools for training, recruitment, maintenance and cleaning of the premises.

We obtained patient feedback from speaking with patients, CQC patient comment cards, the practice's surveys and the GP national survey.

We observed interaction between staff and patients in the waiting room.

We contacted the local independent, specialist school for pupils with autism, moderate to severe learning difficulties and complex needs which the practice provides GP services for. They told us the practice and dispensary was very responsive to patients needs including complex medicine needs and treated them with dignity and respect.

Are services safe?

Our findings

Safe track record and learning

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

- We saw there was an open, transparent approach and a system in place for reporting and recording significant events. Staff were able to report incidents and learning outcomes from significant events, these were shared with appropriate staff.
- The practice carried out a thorough analysis of the significant events. Staff we spoke with told us this was embedded into everyday practice and all the team were dedicated to learning from significant events.

We reviewed safety records, incident reports, national patient safety alerts and minutes of meetings where these were discussed. For example, we saw an analysis of a significant event following an administrative error when co-ordinating a flu clinic. This error resulted in a high volume of patients within the practice, a long queue of patients waiting outside and the neighbouring roads had become gridlocked with heavy traffic. This event had been reviewed with a multi-disciplinary team and outcomes highlighted a 40% increase in the number of patients now eligible for the flu vaccination and several administrative errors. Learning was shared at a practice meeting (October 2015) which was recorded and staff we spoke with demonstrated their understanding of the practices plans for flu clinics in 2016. For example, other methods of communication, agreed specific dates to include Saturdays, two extra clinics to be scheduled, timed clinics for elderly and vulnerable and a potential change of venue for flu clinics.

Safety alerts (including medicine and equipment alerts) were monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. This enabled the practice to communicate and act on risks and gave a clear, accurate and current picture of safety.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people 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.
- A screen message on a television in the waiting room advised patients that members of the nursing and reception team would act as chaperones, if required. We checked and saw these members of staff were trained for the role and had received a disclosure and barring 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. The lead nurse and one of the GPs were the joint infection control leads and 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. Bi-annual infection control audits were undertaken (May 2015 and December 2015) and we saw evidence that action was taken to address any improvements identified.

We reviewed four personnel files and found that 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.

Medicines Management

- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing

Are services safe?

was in line with best practice guidelines for safe prescribing. Patient Group Directions and Patient Specific Directions had been adopted by the practice to allow members of the nursing team to administer medicines in line with legislation.

- The practice had a designated GP lead for the dispensary. The dispensary had documents which they referred to as Standard Operating Procedures (SOPs). All staff involved in the procedure had signed, read and understood the SOPs and agreed to act in accordance with its requirements. Standard Operating Procedures cover all aspects of work undertaken in the dispensary. The SOPs that we saw would satisfy the requirements of the Dispensary Services Quality Scheme (DSQS). The SOPs had been reviewed and updated in the last 12 months and there was a written audit trail of amendments.
- Records showed that all members of staff involved in the dispensing process had received appropriate training. We spoke with the dispensary manager who had records to demonstrate that the dispensers' competence had been checked regularly. When we spoke with the dispensary staff they were aware that their competence had been checked since they obtained their qualifications.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely. There were arrangements in place for the destruction of controlled drugs. Staff in the dispensary were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

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. The practice had up to date fire risk assessments completed in December 2015. All electrical equipment was checked in September 2015 to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice also had a variety of other risk assessments in place to monitor safety of the premises such as infection control completed in November 2015 and a legionella assessment completed in June 2015.
- 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 and patients received timely care and treatment.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All clinical staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator and oxygen with adult and children's masks available on the premises. There was also a first aid kit and accident book available.
- Emergency medicines were easily accessible to staff in an 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 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 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 peoples' needs. Staff we spoke with all demonstrated a good level of understanding and knowledge of NICE guidance and local guidelines.
- 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

Staff across the practice had key roles in monitoring and improving outcomes for patients. These roles included data input, scheduling clinical reviews and medicines management. The information staff collected was then collated to support the practice to carry out clinical audits.

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. The QOF incentive scheme rewards practices for the provision of 'quality care' and helps to fund further improvements in the delivery of clinical care.

The most recent published results were 90.7% (CCG average 94.6% and national average 93.5%) of the total number of points available, with 6.8% exception reporting. The level of exception reporting is lower than the CCG average (8.3%) and the national average (9.2%).

Exception reporting is the percentage of patients who would normally be monitored. These patients are excluded from the QOF percentages as they have either declined to participate in a review, or there are specific clinical reasons why they cannot be included.

There was a varied level of performance in managing outcomes for patients with long term conditions. For example:

- Performance for hypertension related indicators was higher (100%) than both the CCG (99.3%) and national average (97.8%). For example, the number of patients with hypertension having regular blood pressure tests was higher than the national average (86%). The practices exception reporting for hypertension was lower (2.4%) than the CCG (2.6%) and national average (3.8%).
- Performance for dementia related indicators was higher (100%) than both the CCG (95.8%) and national average (94.5%). For example, 100% of patients with a new diagnosis of dementia (recorded in the preceding 1 April to 31 March) had a complete range of tests completed and recorded six months before or after entering on to the register. This was higher than the CCG average (82.1%) and higher than the national average (81.5%).
- Performance for mental health related indicators was lower (84.6%) than both the CCG (94.4%) and national average (92.8%).

However the practice was an outlier for clinical targets in the management of diabetic patients' outcomes. For example, data from QOF showed:

- Performance for diabetes related indicators was lower (75.6%) than both the CCG (86.2%) and national average (89.2%). The practice was performing lower than the CCG average in seven of the 11 diabetes related indicators.
- During the inspection the inspection team discussed the lower than average performance of diabetes outcomes. We saw detailed assurance that this level of performance was being addressed. Actions included specific diabetes meetings, patient recalls, medicine reviews, close liaison and engagement with the specialist community diabetes nurse and one of the practice nurses was due to complete her nine month diabetes course in early 2016.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and patient outcomes. We were told that GPs carried out two clinical audits every five years for their professional revalidation and other audits were generated by the clinical commissioning group as a result of medicines management.

Are services effective?

(for example, treatment is effective)

We were shown examples of five clinical audits carried out in the last two years; four of these were completed audits where the improvements made were implemented and monitored. For example, the practice carried out a comprehensive yearly clinical audit (using the same methodology to ensure comparability) between 2006 and 2015, to measure antibiotic prescribing levels to treat upper respiratory tract infections (URTI).

Results confirmed that the practice had achieved a reduction in overall prescribing of antibiotics for URTI over the 13 years of this audit; important given the increasing focus on antibiotic stewardship. These findings and prescribing reduction, (42% in 2006 to 21% in 2015) is contrary to the national trend which showed a 40% increase in GP prescribing rates for URTI (between 1998 and 2011).

Effective staffing

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

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff e.g. for those reviewing patients with long-term conditions, administering vaccinations and taking samples for the cervical screening programme.
- 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 these learning needs and to cover the scope of their work. This included ongoing support during sessions, appraisals, clinical supervision and facilitation and support for the revalidation of doctors. All staff had received 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. Staff we spoke with knew how to use the system and said that it worked well.

- 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 people to other services.
- We saw that all staff had completed information governance training which outlines the responsibilities to comply with the requirements of Data Protection Act 1998.

Staff worked together and with other health and social care services to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment. This included when people moved between services, including when they were referred, or after they are discharged 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 and recorded assessments of capacity to consent in line with relevant guidance. For example, a clear understanding of the Gillick competency test. (These were used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions).
- The process for seeking consent was monitored through records audits to ensure it met the practices responsibilities within legislation and followed relevant national guidance.

Health promotion and prevention

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

- The practice offered health checks to all new patients registering with the practice, these were completed by the nursing team and health care assistant. The GPs were informed of all health concerns detected and these were followed up in a timely way.

Are services effective?

(for example, treatment is effective)

- The practice had many ways of identifying patients who needed support, and it was pro-active in offering additional help. 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. Patients were then signposted to the relevant service.
- A nurse we spoke with told us there were a number of services available for health promotion and prevention. These included clinics for the management of diabetes, chronic obstructive pulmonary disease (COPD), asthma and cervical screening.
- The practice population has a lower prevalence of current smokers (12.6%) than the national average (18.5%). The practice had identified the smoking status of 90.9% of patients over the age of 16 (lower when compared to the national average 93.2%) and worked in conjunction with the practice pharmacist to provide smoking cessation advice and support. There was also an evening external stop smoking clinic available every week.

The practice also encouraged its patients to attend national screening programmes for bowel cancer, cervical cancer and breast cancer screening, this was reflected in data from Public Health England:

- The practice's performance for the cervical screening programme was 84%, which was higher when compared to the CCG average (77.4%) and the national average (81.8%).

- 65.5% of patients at the practice (aged between 60-69) had been screened for bowel cancer in the last 30 months; this was higher than the CCG average (62%) and the national average (58.3%).
- 80.5% of female patients at the practice (aged between 50-70) had been screened for breast cancer in the last 36 months; this was higher when compared to both the CCG average (78.6%) and the national average (72.2%).

Childhood immunisation rates for the vaccinations given were higher when compared to the CCG averages. For example:

- Childhood immunisation rates for the vaccinations given in 2014/15 to under two year olds ranged from 94.3% to 96.7%, these were higher than the CCG averages.
- Childhood immunisation rates for vaccinations given in 2014/15 to five year olds ranged from 93.7% to 98.6%, these were higher than the CCG averages.

Flu vaccination rates for the over 65s were 81%, and at risk groups 61%. These were higher when compared to the national averages, over 65s 73% and at risk groups 59%.

Flu vaccination rates for patients with diabetes (on the register) was 86.9% which was lower than the CCG average (94.1%) and the national average (94.4%). However, the practice's exception reporting for this indicator was significantly lower (6.0%) than the CCG (13.5%) and national average (17.9%).

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed that members of staff were courteous and very helpful to patients and treated people 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 and that conversations taking place in these rooms could not be overheard.
- Reception staff were conscious of patients and carers who wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

We reviewed the most recent data available for the practice on patient satisfaction. This included information from the July 2015 national patient survey results (125 respondents), NHS Choices website (16 recent reviews) and 23 comment cards completed by patients. The evidence from all these sources showed patients were highly satisfied with how they were treated, and this was with compassion, dignity and respect.

Results from the national GP patient survey showed patients rated the practice as good. For example:

- 94% said they had confidence and trust in the last GP which was similar when compared to the CCG average (95%) and national average (95%).
- 88% said the GP gave them enough time which was similar when compared to the CCG average (88%) and national average (87%).

Further data from the national patient survey showed patients rated the practice as good particularly from the nursing team. For example:

- 99% said they had confidence and trust in the last nurse they saw or spoke to which was slightly higher when compared to the CCG average (98%) and national average (97%).

- 92% said the last nurse they saw or spoke to was good at treating them with care and concern which was similar when compared to the CCG average (93%) and slightly higher than the national average (90%).

Care planning and involvement in decisions about care and treatment

The national patient survey information we reviewed showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment and rated the practice well in these areas. For example:

- 91% said the last GP they saw was good at explaining tests and treatments which was higher when comparing to the CCG average of 87% and national average of 86%.
- 89% said the GP was good at involving them in decisions about their care which was higher when compared to the CCG average (83%) and national average (81%).
- 88% said the last nurse they saw was good at involving them in decisions about their care which was similar when compared to the CCG average (89%) but higher than the national average (85%).

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.

Patient/carers support to cope emotionally with care and treatment

The patient survey information we reviewed showed patients were positive about the emotional support provided by the practice and rated it well in this area. For example:

- 87% said the last GP they spoke with was good at treating them with care and concern which was similar when compared to the CCG average (87%) and slightly higher than the national average (85%).
- 92% said the last nurse they spoke with was good at treating them with care and concern which when compared was similar to the CCG average (93%) and slightly higher than the national average (90%).

Are services caring?

The patients we spoke with on the day of our inspection and the comment cards we received were also consistent with this survey information. These highlighted that staff responded compassionately when they needed help and provided support when required.

The practice's computer system alerted GPs if a patient was also a carer. In December 2015, the practice patient population list was 10,938. The practice had identified 218 patients, who were also a carer, this amounts to 1.9% of the practice list.

One of the practice GPs attends and facilitates an interactive 'end-of-life' session at a local church within the

community. Patients and carers told us this session was supportive, valuable and essential in coordinating good quality end of life care. The GP which led this session worked within the five priorities for 'end-of-life' care set up by the Leadership alliance for care of dying people (a collation of national organisations).

Staff told us that if families had suffered bereavement, their usual GP contacted them. 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

We found the service was responsive to patient's needs and had systems in place to maintain the level of service provided. The practice held information about those who needed extra care and resources such as those who were housebound, patients with dementia and other vulnerable patients. This information was utilised in the care and services being offered to patients with long term needs. Services were planned and delivered to take into account the needs of different patient groups and to help provide ensure flexibility, choice and continuity of care. For example;

- The practice offered early morning and early evening GP clinics every weekday for working patients who could not attend during normal opening hours. The dispensary matches these opening hours which were designed to accommodate the commuting population.
- Several GPs maintained email access with patients. For example, in managing long term medicine queries, condition management and other aspects of home monitoring. We saw the GPs adhered to NICE guidance for home monitoring and one patient told us the management of their hypertension (high blood pressure) was more manageable since commencing email contact with their GP.
- This rural practice provided a service which delivered prescription products and medicines to vulnerable, isolated and housebound patients.
- There were longer appointments available for people with a learning disability.
- The practice provides GP services to a local independent, specialist school for pupils with autism, moderate to severe learning difficulties and complex needs. Contact details of the designated GP were shared with the relevant staff and patients families, enabling continuity of care and quick access to staff at the practice. The practice provides a dedicated weekly surgery with flexible timings. This is held during a known quieter time of the day so the waiting room is less challenging. This dedicated session also allows time for school nurses to discuss concerns. The GP regularly attends some of the clinics of visiting specialists

(community paediatrician, Learning Disability psychiatrist) to foster good working relationships. The designated GP had 16 years' experience of working with patients with autism and could demonstrate regular and up-to-date autism specific training and undertook monthly Looked After Children Health Reviews and updates from the Royal College of Practitioners.

- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available for all patients.
- One of the practice GPs provides a diagnostic ultrasound service within the practice. Approximately 300 scans are performed each year and is regularly audited to demonstrate quality improvement as part of the clinical audit programme within the practice. The scanner is used to diagnose gallstones, aortic aneurysms, bladder outflow problems, testicular lumps, breast cysts, ovarian cysts and uterine fibroids. The scanner is particularly useful in early pregnancy where foetal viability, dates, and the presence of twins can be assessed. In a practice audit of 10 successive cases of first trimester bleeding, only one had miscarried, the other nine were saved hospital attendance and delivered normally. Other notable diagnoses following ultrasound scans include three cases of testicular cancer and a life threatening critical abdominal aortic aneurysm. Patients highly praised this fast, responsive ultrasound service in a rural practice as it reduced the need to travel the long distance to hospitals.
- There were disabled facilities and all patient services were located on the ground floor. The practice had clear access. The practice had a hearing loop and the waiting area was large enough to accommodate patients with wheelchairs and prams and allowed for access to consultation rooms.

Access to the service

The practice was open between 7.30am and 7.00pm Monday to Friday. Same day urgent appointments were available in addition to pre-bookable appointments that could be booked up to six weeks in advance.



Are services responsive to people's needs?

(for example, to feedback?)

We saw data from GP National Patient Survey and in house patient surveys had been reviewed as patients responded positively to questions about access to appointments. For example:

- 91% of respondents found it easy to get through to the practice by phone. This was significantly higher when compared with the CCG average (78%) and the national average (73%).
- 92% of respondents were able to get an appointment to see or speak to someone the last time they tried; this was higher when compared to the CCG average (88%) and the national average (85%).
- 82% of respondents said they usually wait 15 minutes or less after their appointment time to be seen: this is significantly higher when compared to the CCG average (64%) and the national average (65%).
- 77% of respondents described their experience of making an appointment as good; this was similar when compared to the CCG average (78%) and higher than the national average (73%).
- 71% of respondents were satisfied with the surgery opening hours; this was similar to the CCG average (72%) and lower than the national average (75%).

Patients we spoke with were satisfied with the appointments system and said it was easy to use. They confirmed that they could see a GP on the same day if they felt their need was urgent although this might not be their GP of choice.

Listening and learning from concerns and complaints

The practice had a 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.

We looked at nine complaints received in the last 12 months and found all were satisfactorily handled, demonstrated openness, honesty and transparency whilst dealt with in a timely way.

The practice reviewed each complaint and could identify any patterns and shared the learning with the full practice team. We saw minutes of these meetings which demonstrated a discussion of the complaints, identified the relevant learning points and action taken to as a result to improve the quality of care. For example, following a patient complaint there was a change in the policy when dispensing insulin.

We saw that information leaflets were available at the practice and on the website to help patients understand the complaints system. Contact details were provided for the Health Service Ombudsman and independent advice and advocacy.

We also saw all feedback; both positive and negative left on NHS Choices website had been responded to by the practice manager.

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 with a community, family orientated approach whilst promoting good outcomes for patients.

- The practice had a mission statement and staff knew and understood the values.
- The practice had a four year business plan which reflected the vision and values of the practice and addressed business needs, staff training needs and staff succession planning.

The practice commented that the plan gave all staff and others interested in the practice's progress a picture of what the practice was doing, and information about future changes to be made.

Staff we spoke with confirmed they were aware of the practice plans and that information had been shared with them.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of 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.
- The GP partners and management team had a comprehensive understanding of the performance of the practice and had arrangements in place to improve patient outcomes for patients with diabetes.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership, openness and transparency

The GP partners in the practice ensured the service provided safe, high quality and compassionate care. The GPs were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

Staff we spoke with told us the GP partners encouraged all team members to become more active and productive by giving them more roles in the decision-making process. Staff also told us there was a relaxed atmosphere in the practice and there were opportunities for staff to meet for discussion or to seek support and advice from colleagues. Staff said they felt respected, valued and supported, particularly by partners and practice manager.

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

- Staff told us that the practice held regular team meetings. All staff we spoke with positively described that despite several departments there was a sense of one team.
- Staff told us that there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and confident in doing so and felt supported if they did.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

The practice 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 dealing with complaints and concerns.

Seeking and acting on feedback from patients, public and staff

We found the practice to be involved with their patients and the Patient Participation Group (PPG). There was an active PPG who had carried out patient surveys and submitted proposals for improvements to the practice management team. For example, improvements to the layout of the waiting room and revised car park arrangements.

The six members of the PPG we spoke with were very positive about the role they played and told us they felt engaged with the practice.

Are services well-led?

Good 

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

Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged in the practice to improve outcomes for both staff and patients.

Management lead through learning and improvement

The practice had a clear understanding of the need to ensure staff had access to learning and improvement opportunities. Staff told us that the practice supported them to maintain their clinical professional development through training, appraisal and mentoring. Records we reviewed confirmed this.

Clinical and non-clinical staff told us they worked well as a team and had good access to support from each other. There were processes in place for reporting and investigating safety incidents.

For example, we saw that significant event reporting had been discussed at the practice meeting held in October 2015. Staff we spoke with told us that there was a strong focus on learning, from practice and from each other in order to improve the services they provided for patients.

The practice was a GP training practice. We spoke with one GP registrar who spoke of the quality of leadership and support received at the practice.