Southview Medical Practice

Quality Report

Southview Medical Practice
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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

Overall summary

We carried out an announced comprehensive inspection at Southview Medical Practice on 24 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Key members of the practice had collaborated with the clinical commissioning group and local community services to help in the development of a service designed to provide health, social care and community services in one place for older people.
- The practice had developed links with other services supporting vulnerable people in the locality and provided medical care to these groups including the homeless.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had two surgery sites. One of these was purpose built and had good facilities for patients, the other site had limited space and there were plans to relocate this site. The practice 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:

Summary of findings

- The practice had taken the initiative to improve healthcare access for people who historically had poor access. They provided holistic care to vulnerable people and took an approach beyond the traditional model. The practice had strong links with a local homeless shelter and other services for vulnerable people. They had worked closely with staff at the homeless shelter to improve the healthcare of people using their service, which had a positive impact on their health outcomes. The practice staff had received training from a manager at the homeless shelter to help them understand how to manage people who attended from the shelter, how to register them and deal with different behaviours. The impact of this approach was that patients with long term conditions had received specialist help which they had not been able to access previously.

The areas where the provider should make improvements are:

- The practice should continue to review how to improve patient ratings on how they are involved in decisions about their care, as reported in the national patient survey
- The practice should continue to review how to improve telephone access for patients

Professor Steve Field CBE FRCP FFPH FRCGPChief 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?

Good

The practice is rated as good for providing safe services.

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

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

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

Summary of findings

- The practice used a toolkit to assess the health impact on carers and prioritise carers in real need.

Are services responsive to people's needs?

Outstanding ☆

The practice is rated as outstanding for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- One of the partners was the lead GP for the development of the new locality hub which provided health, social care and community services in one place for older people.
- The practice piloted using electronic referrals into the new locality hub and were the second highest referrer when it first opened.
- The practice had recruited a clinical pharmacist to manage medication reviews and they were undergoing training to carry out diabetic reviews.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice was the preferred provider for services for vulnerable people.
- One of the GPs visited the local homeless shelter and encouraged homeless people to access health care, with positive effect.
- The practice supported patients with learning difficulties in local residential homes. The practice supported five residential care homes for patients with learning disabilities and feedback from the homes was positive
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.

Summary of findings

- The practice had developed plans to expand their branch surgery in preparation for the increasing number of patients moving into new homes in the area.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- 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

Good

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

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The practice offered proactive, personalised care to meet the needs of the older people in its population. They created a care plan for those patients at risk of unplanned hospital admission. This provided a framework for the patient, their family, carers and health care professionals to work together to plan care. The care plan allowed care to be delivered in line with the patient's wishes. Care plans were updated regularly and uploaded to a system so the ambulance teams were aware of patients' needs.
- The practice nurse contacted patients on the unplanned admissions register who had been discharged from hospital to ensure they had the medical support they needed.
- Key members of the practice had been active in working with the clinical commissioning group and local community services to develop the new locality hub for older people in need of medical care and social care. Patients in need of extra support were referred to this hub and it was noted that this practice was the second highest referrer when it first opened.

People with long term conditions

Good

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- A GP with a special interest in IT had developed templates to assist the GPs in giving information to patients with long term conditions. For example they had developed a pre diabetes information sheet.
- 96% of patients on the diabetes register had a record of a foot examination and classification which was above the CCG average of 89% and national average of 88%.
- Longer appointments and home visits were available when needed.

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.
- One of the GPs had designed a self-management care plan for patients with chronic obstructive pulmonary disease (COPD). This was used in the surgery and shared with the local frailty hub for older people in need of medical care and social care.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- Immunisation rates were relatively high for all standard childhood immunisations. This included additional work with vulnerable families and those living in disadvantaged circumstances to ensure they understood the benefits of immunisation programmes.
- 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.
- 80% of eligible female patients had a cervical screening test which was the same as the national average of 82%. This included multi-disciplinary work with vulnerable patients living in disadvantaged circumstances to ensure they understood the benefits of screening programmes
- The practice offered a full contraceptive service including implants and coils.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives and health visitors. A joint 8 week baby clinic and first immunisation clinic was run on a Friday morning and a private room set aside for breast feeding at this time.

Working age people (including those recently retired and students)

Good

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

Summary of findings

- 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.
- The practice offered electronic prescribing allowing patients to collect prescriptions closer to their place of work.
- Registration forms were available on the practice website for patients.
- Patients could opt to get appointment reminders sent to them by text.
- Appointments were available on Wednesday mornings from 7.30am and Wednesday evenings between 6.30pm and 8.30pm for those who could not attend during normal surgery hours.

People whose circumstances may make them vulnerable

Good

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- A practice nurse who was trained in learning disability assessments was able to communicate in Makaton. (Makaton is a language programme using signs and symbols to help people to communicate)
- The practice had designed a bespoke health action plan for patients with learning disabilities which included pictures, large print and a note of what patients were upset by, as well as their health issues.
- The practice supported five residential care homes for patients with learning disabilities and feedback from the homes was positive.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had proactively taken steps to help vulnerable groups and local support workers recognised this and chose to register patients with the practice for this reason. For example the practice were looking after a refugee family who had recently arrived in the country.

Summary of findings

- The practice supported a service for vulnerable people and feedback from this service was very positive. There was evidence of positive outcomes for patients who had not previously been able to access healthcare for their long term conditions.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had strong links with a local homeless shelter and had worked closely with staff at the centre to improve the healthcare of homeless people. The project manager had recently attended a staff meeting at the surgery to give an insight into the homeless shelter and agree how best to support patients from the shelter.
- 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)

Good

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

- 95% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was better than the national average of 84%.
- The practice had a high rate of diagnosis for dementia (96%) which was in the top three practices in the clinical commissioning group. They produced personalised care plans for patients with dementia. The practice had taken part in a shared care protocol regarding prescribing for dementia with the local community mental health team for older people.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- 91% of patients experiencing poor mental health had an agreed care plan, which was better than the national average of 88%.

Summary of findings

- The practice provided health care services to mental health patients who were out of hospital on licence, staying in a residential home.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a very good understanding of how to support patients with mental health needs and dementia.
- The practice had a high prevalence of patients with severe mental health problems (1.4% against 0.8% for the south east region).
- The practice ran a service where patients who were at high risk of overdose or medicine abuse were given weekly or daily prescriptions with an alert on their records. This was managed by a specific prescription clerk under the guidance of the doctors. They were aware of the patients using this service and liaised closely with the local pharmacies. This ensured appropriate prescriptions were issued at the correct time thereby providing a safety net for these patients.
- The practice was pro-active in using alerts on their clinical IT system. This ensured that staff were aware of potential issues for some patients. For example, symptoms for specific patients what could indicate a relapse, patients with violent tendencies. In addition the alerts showed those patients requiring a carer to accompany them. This enabled reception staff to remind patients and carers to attend together, where appropriate, which ensured appointments were not wasted.
- The practice had established good communication with the staff at the supportive housing establishments and this has led to better care for their residents who were patients.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. 302 survey forms were distributed and 108 were returned. This represented 1.1% of the practice's patient list.

- 57% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 64% and national average of 73%.
- 83% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 75% and national average of 76%.
- 82% of patients described the overall experience of this GP practice as good compared to the CCG average of 82% and national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 78% and national average of 79%.

The practice was aware of the fact that some patients found it difficult to get through by phone. They had audited incoming phone calls in 2013 which had resulted in the practice upgrading the phone system. In 2015 the practice had added an extra phone line. The practice intended to re-audit phone calls to see if there was a need for a further change.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 42 comment cards which were all positive about the standard of care received. Patients stated that doctors listened well and they received good treatment. They said staff were caring and friendly and the service overall was very good.

We spoke with four patients during the inspection. All four patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. The practice friends and family test for 2015 showed that 87% of patients would recommend the practice, based on 79 responses.

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Southview Medical 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 GP specialist adviser and a practice manager specialist adviser.

Background to Southview Medical Practice

Southview Medical Practice is located in central Woking with a branch site, Westfield Surgery, three miles away in a residential area. The community hospital and walk in centre are situated nearby, as are several other GP surgeries. The Southview site has limited parking but is easily accessible by public transport and on foot. The Westfield site has parking facilities.

Southview Medical Practice has two consulting rooms on the ground floor and one consulting room upstairs. The treatment room is also situated upstairs. Patients who need to use the treatment room and who cannot use the stairs can be seen on the ground floor or alternatively they are advised to go to the Westfield site where all the consulting rooms and treatment rooms are on the ground floor. The practice is aware of a new housing development being built with 600 houses. This new development is very close to the branch site at Westfield surgery and the practice has plans to expand this surgery building by adding two new consulting rooms. Southview Medical Practice is unable to expand the Southview site due to space constraints; however they are working with the local council to consider relocation plans.

The practice operates from:

Southview Medical Practice

Guildford Road

Woking

Surrey

GU22 7RR

Opening hours:

Monday to Friday: 8.30am to 6.30pm

Appointments available from 8.30am to 11.20am and 3pm to 5.20pm, with extended hours appointments available on Wednesdays from 7.30am.

Patients can book appointments in person, by phone or on line.

The branch site is at:

Westfield Surgery

Holmes Close

Westfield

Woking

Surrey

GU22 9LU

Opening hours:

Monday to Friday: 8.30am to 12.30pm and 2pm to 5.30pm

Appointments available from 8.30am to 11.20am and 3pm to 5.20pm, with extended hours appointments available on Wednesdays from 6.30pm to 8.30pm.

Patients can book appointments in person, by phone or on line.

Detailed findings

During this inspection we visited Southview Medical Practice. We did not inspect the branch surgery, Westfield Surgery.

There are approximately 9,735 patients registered at the practice. The number of patients has risen by over 16% in the last 10 years due to the increasing population in Woking. Statistics show little income deprivation among the registered population. The registered population is lower than average for 10-24 year olds and 55-79 year olds, and higher than average for those aged 25-49. The population is made up of many different ethnic groups with the largest groups being British (61%), other white background (15%) and Indian/ British Indian (5%), Pakistani (4%), other Asian (3%).

The practice has six partners (three male and three female). Three of the doctors work full time and the other three work part time. There are two practice nurses and one health care assistant. The practice manager leads a team of 16 reception and administration staff.

Patients requiring a GP outside of normal working hours are advised to contact the NHS GP out of hours service on telephone number 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 24 May 2016.

During our visit we:

- Spoke with a range of staff (GPs, practice manager, practice nurse, health care assistant, manager's assistant, secretary, receptionists) 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, the practice had recorded an incident of a vaccine being given incorrectly to a pregnant patient. The practice investigated this and to avoid reoccurrence added a question to the vaccine template asking for the date of the last menstrual period, and if necessary they carried out a pregnancy check. The incident was discussed at practice meetings and learning shared with all relevant staff. The patient was given an explanation and referred to the antenatal clinic.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse, which included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Practice nurses were trained to safeguarding level two.
- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local clinical commissioning group (CCG) pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. The practice were rated as consistently good prescribers by the CCG and were low antibiotic prescribers.
- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). The practice could not find evidence of a recent gas boiler safety certificate. They subsequently arranged for a boiler maintenance service and safety check to be done as soon as possible and the practice sent us evidence after the inspection that this had been carried out.
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.
- The practice had carried out a clinical risk assessment in October 2015 using a consultant and self-assessment tool provided by a medical defence organisation. This showed that they were in the top half of all practices assessed for how they managed clinical risk (based on a sample size of over 850 other surgeries). The practice had undertaken a number of actions to improve safety as a result of this assessment.

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. However not all the doctors knew the exact location of the emergency medicines within the treatment room. The practice corrected this on the day and ensured that the box for emergency medicines was clearly labelled and that all staff knew the exact location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. The practice had dealt with a power failure at the branch site last year and had used the business continuity plan to handle the situation which involved moving some patients to the Southview site whilst the power was fixed.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 99.8% of the total number of points available, with an exception rate of 6.1%. (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 2014/15 showed:

- Performance for mental health related indicators was in line with the local and national average. 91% of patients experiencing poor mental health had an agreed care plan, which was the same as the clinical commissioning group (CCG) average of 91% and better than the national average of 88%.
- Performance for diabetes related indicators was better than the national and local averages. 96% of patients on the diabetes register had a record of a foot examination and classification which was above the CCG average of 89% and the national average of 88%.

There was evidence of quality improvement including clinical audit.

- 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.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included reviewing diabetic patients on a particular medicine to assess that they were on the correct dosage and had the required checks carried out. This audit identified patients where a change needed to be made to ensure that they were on the optimal medication for their needs.

Information about patients' outcomes was used to make improvements. For example the practice had reviewed all patients with atrial fibrillation (AF) and had made changes to the management of patients with this condition including offering regular reviews of pulse rate, BP and symptoms of palpitations.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, 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 vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support,

Good

Are services effective?

(for example, treatment is effective)

one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

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 patients, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was available from the health care assistant and a counsellor was available at the Westfield branch site.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the clinical commissioning group (CCG) average of 80% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice followed up women who were referred as a result of abnormal results. However at the time of the inspection they did not have a system in place to ensure that all samples were reported on, relying on patients to get in touch if they did not hear back. Subsequent to the inspection the practice implemented a monthly report to ensure all samples had been reported on. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data showed that 73% of patients had been screened for breast cancer in the last 36 months compared to a national average of 72%. 59% of patients aged 60-69 had been screened for bowel cancer compared to a national average of 58% in the last 30 months. Childhood immunisation rates for the vaccines given were comparable to national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 72% to 92% compared to 75% to 88% nationally and five year olds from 76% to 85% compared to 76% to 91% nationally.

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

Good

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. The practice played music in the waiting room to ensure that conversations in consulting rooms were not overheard. This had been implemented as a result of patient feedback.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 88% and the national average of 89%.
- 83% of patients said the GP gave them enough time compared to the CCG average of 85% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 86% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 84% and national average of 85%.
- 88% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 87% of patients said they found the receptionists at the practice helpful compared to the CCG average of 83% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

Results from the national GP patient survey showed patients responded in a mixed way to questions about their involvement in planning and making decisions about their care and treatment. Some results were in line with local and national averages. For example:

- 86% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85% and the national average of 86%.

Other results were below local and national averages. For example:

- 74% of patients said the last GP they saw was good at involving them in decisions about their care compared to CCG average of 82% and the national average of 82%.
- 80% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 85%.

The practice were aware of these results and had considered why the averages had dropped compared to the previous year, but found no significant reason. They were trying to recruit a GP to help provide more clinics, but had struggled to recruit. The feedback they gathered through the friends and family test and patient survey did not support these findings.

The practice provided facilities to help patients be involved in decisions about their care:

Good

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- The practice website had a translation facility.
- There were signs informing patients of accessible information services. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 277 patients as carers (2.8% of the practice list). Written information was available to direct carers to the various avenues of support available to them, including applying for carers' breaks. The practice used a toolkit to assess the health impact on carers and prioritise carers in real need.

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. A counselling service was available at the Westfield site.

Outstanding ☆

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. One of the GP partners was the locality lead for the development of the locality hub (The Bedser Hub) which provided health and social care support from one location for patients who had several health problems. The practice was piloting electronic referrals to the hub and had been active in designing the templates for these referrals. The hub had been running for a period of around five months and feedback from patients was very positive.

The practice had proactively sought to forge relationships with the homeless shelter. One of the GPs regularly visited the local homeless shelter to provide medical advice to homeless people and to encourage them to register at the surgery. The GP had built a good working relationship with the centre manager and users of the shelter and this had resulted in a number of homeless people accessing health care services for the first time. One patient who had ischemic heart disease and had had numerous visits to A&E was now on regular medicines and had a much reduced risk of an emergency admission to hospital.

- The practice offered an early morning surgery on a Wednesday morning from 7.30am for patients who could not attend during normal opening hours. Nurse appointments were available from 6.30pm to 8.30pm on Wednesday evenings.
- The practice had reviewed the appointment system to address increased demand and had introduced telephone consultations and a doctor run triage service to deal with urgent matters on the day.
- The practice had employed a clinical pharmacist to help with medication reviews and had plans to train the pharmacist to carry out diabetes reviews.
- There were longer appointments available for patients with a learning disability. The practice provided medical care for three homes where adults with learning disabilities lived. They visited two of these homes to carry out annual medicals and flu vaccinations in order to treat the patients in a familiar environment.
- The practice had designed a bespoke health action plan for patients with learning disabilities which included pictures, large print and a note of what patients were upset by, as well as their health issues.
- One of the GPs had designed a self-management care plan for patients with chronic obstructive pulmonary disease (COPD). This was used in the surgery and shared with the local frailty hub for older people in need of medical care and social care.
- The practice were providing support to a vulnerable refugee family who had recently arrived in the country.
- The practice had built a positive relationship with the local service for vulnerable people and had worked with staff to help people gain access to medical care. One patient with a long term condition had been referred for specialist help which they had not been able to access previously, and had also been given advice and support for other conditions. The doctors were able to identify children in need who were using this local service and work with health visitors to address their needs.
- The practice website contained information for patients about medical conditions. This included information on pre diabetes, links to other healthcare websites to provide more detailed advice and information on how the surgery worked.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available. There was an Accessible Information Standard Folder containing the practice information in an accessible format. One of the GPs spoke Punjabi and Urdu which some patients found useful.
- The practice was not able to install a lift to improve access at the Southview site due to limited space, but there was full disabled access at the Westfield surgery site. The practice were investigating plans to relocate the Southview site to a new purpose built site which would give them more room to expand and offer better

access to patients. There were already plans in place to build two new consulting rooms at the Westfield surgery in preparation for the rise in population arising from a large new building programme in the area.

- The practice ran a service where patients who are at high risk of overdose or medicines abuse were given weekly or daily prescriptions with an alert on their records. This was managed by a specific prescription clerk under the guidance of the doctors. They were aware of the patients using this service and liaised closely with the local pharmacies. This ensured appropriate prescriptions were issued at the correct time thereby providing a safety net for these patients.
- The practice had an agreed protocol with the psychiatric services to perform annual blood tests and ECGs for patients with severe mental health issues. The practice had an arrangement to provide a specific medicine to patients to save them having to go the hospital to collect it.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.20am every morning and 3pm to 5.20pm every afternoon. Appointments included telephone consultations. Extended hours appointments were offered on Wednesdays from 7.30am for GP appointments and blood tests and from 6.30pm to 8.30pm for nurse appointments. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them. Urgent appointment requests were triaged by GPs. Where possible requests were dealt with via a telephone consultation instead of a face to face appointment.

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

- 71% of patients were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) average of 72% and national average of 78%.
- 57% of patients said they could get through easily to the practice by phone compared to the CCG average of 64% and national average of 73%.

The practice were aware of the fact that some patients found it difficult to get through by phone. They had audited incoming phone calls three years ago and as a result upgraded the phone system, and then added an extra phone line in 2015. They now had automated lines to leave a message to cancel an appointment, and made all routine appointments available to be booked on line. The practice said that they intended to reaudit phone calls to see if there was a need for a further change.

The practice had tried to recruit a salaried GP without success to date and so were using locums to add extra appointment availability. In addition they had recruited a clinical pharmacist who had started by carrying out medication reviews and was undergoing training to carry out diabetic reviews. Patients told us on the day of the inspection that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

This was done by the receptionist alerting the duty doctor who would telephone the patient or carer in advance to gather information to allow for an informed decision to be made on prioritisation according to clinical need. In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system, for example a poster and summary leaflet available.

We looked at 30 complaints received in the last 12 months, which included verbal complaints and those on the website, and found these were dealt with in a timely way. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was

Outstanding ☆

Are services responsive to people's needs?

(for example, to feedback?)

taken as a result to improve the quality of care. For example, the practice had reviewed a complaint of an urgent prescription request being refused. It was found that there was no written explanation and on investigation it was found to have been rejected in error. This had resulted in the practice changing its policy to include a written explanation as to why prescription requests were rejected. This also acted as a further check to ensure that the GP had intended to reject the prescription. The patient received a full apology.

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. This highlighted that the practice endeavoured to create the culture and conditions to deliver the highest standard of care and ensure that valuable public resources were used effectively to get the best outcomes for individuals, communities and society for now and for the future. 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.
- The practice list size had increased by 16% in the last five years and was expected to increase significantly more. In response the practice were trying to recruit a new GP and had recently employed a clinical pharmacist. They were also looking at expanding the nursing team.
- The practice had well developed plans to expand their premises in preparation for the increasing number of patients moving into new homes in the area. They were working with the local council to coordinate these plans.

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

Leadership and culture

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us 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 and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG was a virtual group which carried out patient surveys and

Are services well-led?

Good

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

piloted new ideas such as on line access to medical records. The group had encouraged the playing of music in the waiting rooms to improve confidentiality as conversations could sometimes be overheard from clinical rooms.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. An example of this was the work that they were doing in supporting the development of the new locality hub which provided health, social care and community services all in one place. They were also working with the other local surgeries and the local council to plan how to meet increasing demand for services with the expanding population.