

Stanley Court Surgery

Quality Report

Burscough Health Centre
Ormskirk
Lancashire
L40 4LA

Tel: 01704 892254

Website: www.stanleycourtsurgery.co.uk

Date of inspection visit: 10/05/2016

Date of publication: 28/06/2016

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	10
Areas for improvement	10
Outstanding practice	10

Detailed findings from this inspection

Our inspection team	12
Background to Stanley Court Surgery	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 at Stanley Court Surgery on 10 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. Appropriate learning outcomes were identified following the analysis of significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- There was a reflective ethos in the practice and proactive changes were implemented to improve patient care.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- The practice had made efforts to proactively improve communication channels with other healthcare providers following a patient's referral on to

Summary of findings

secondary care. This included a faxback form being sent in with referral documentation in order to facilitate timely and appropriate feedback regarding the outcome of the referral.

The areas where the provider should make improvement are:

- Update the recruitment policy to reflect the change to criteria around which staff require a Disclosure and Barring Service check.
- Ensure meeting minutes contain sufficient detail to provide a clear audit trail of the information disseminated to staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events.
- Appropriate learning outcomes were identified and implemented, but systems and processes for sharing these learning outcomes were not fully formalised meaning learning was not always maximised.
- When things went wrong patients received support, truthful information, and an appropriate 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.
- The practice had not been engaged in any recent recruitment activity. We noted that there were some gaps in previous recruitment processes. However, the practice's recruitment policy identified appropriate pre-employment checks, such as references, would be carried out in the future, and the practice took immediate action following the inspection around areas such as Disclosure and Barring (DBS) checks for staff carrying out chaperone duties.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were 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. We saw that changes were made to improve patient outcomes.
- Data provided evidence that the practice had effectively reduced hospital admissions for those deemed at risk by enabling additional nursing time to focus on this patient group.

Summary of findings

- The practice was proactive in its attempts to improve and streamline communication channels with secondary care. A faxback sheet was routinely included with all onward referrals and it was involved in a pilot initiative trialling electronic receipt of consultant's reports.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

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

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- 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.
- Appointments could be booked by patients online, and telephone appointments were also offered. Evening appointments were available for those patients who worked and could not attend during normal working hours.
- The practice offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Good



Summary of findings

- Information about how to complain was available and easy to understand and evidence showed the practice responded in a timely manner to issues raised.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular team meetings.
- Some policies lacked sufficient detail to appropriately govern the activity being undertaken by the practice, although swift action was undertaken following the inspection to update these documents.
- 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.
- Regular meetings were held to communicate changes to staff and we saw copies of minutes to confirm this. However, in some cases the minutes we viewed lacked sufficient detail around the content of discussions, meaning that it was not always clear what information had been disseminated.
- 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.
- 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.

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.

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Multidisciplinary palliative care meetings were held every month to ensure those patients nearing the end of their lives were receiving the most appropriate care and treatment.
- Health checks were offered to those patients over the age of 75; 77% of these patients had received a health check in the previous 12 months.
- The practice had a specific protocol in place for identifying and supporting those patients who were frail.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was in line with the national average.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- Patients with complex needs had their review appointments coordinated so as to minimise the need to visit the surgery.
- The practice offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.
- 98% of patients taking four or more medicines had had their medication reviewed in the previous 12 months.

Summary of findings

Families, children and young people

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

Good



- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%.
- 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, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice 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.
- Telephone consultations were available for those patients who were unable to attend the surgery in person and who needed health advice.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability and carers.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months was 80%, which is comparable to the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 97% compared to the national average of 88%. The practice were also able to show us current data (which was yet to be externally validated) that demonstrated that 100% of patients on the mental health register had care plans in place.
- 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.
- 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 good understanding of how to support patients with mental health needs and dementia.

Good



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 generally performing above national averages. A total of 234 survey forms were distributed and 112 were returned. This was a response rate of 48% and represented 2% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 80% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 93% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 30 comment cards which were all positive about the standard of care received. In addition to making positive comments about the level of care offered, four of the cards also included comments expressing some frustration over waiting times for

appointments. However, three other cards explicitly complimented the practice on the ease with which the patients were able to book a timely appointment. Many comments referred to the high levels of professionalism displayed by all staff within the practice and complimented the caring nature of the practice employees.

We spoke with 11 patients during the inspection. Of the 11, 10 patients said they were extremely happy with the care they received and thought staff were approachable, committed, polite and caring. The patients told us that referrals were made to secondary care as required and in a timely manner and that care and treatment options were explained to them. Five of the patients told us that they found it easy to access appointments in a timely manner. One patient, while praising the politeness of the staff, reported that they felt appointments often ran late and that they felt rushed in their consultation with the clinicians. This view was not shared by other patients we spoke with who told us that they felt they had enough time in consultations and were not rushed.

The Friends and Family Test results published on the practice's website for April 2016 indicated that 100% of respondents (all 10 responses) would be extremely likely to recommend the practice to their friends and family.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Update the recruitment policy to reflect the change to criteria around which staff require a Disclosure and Barring Service check.

- Ensure meeting minutes contain sufficient detail to provide a clear audit trail of the information disseminated to staff.

Outstanding practice

We saw one area of outstanding practice:

- The practice had made efforts to proactively improve communication channels with other healthcare

Summary of findings

providers following a patient's referral on to secondary care. This included a faxback form being sent in with referral documentation in order to facilitate timely and appropriate feedback regarding the outcome of the referral.

Stanley Court Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser, a practice manager specialist adviser and an Expert by Experience (a member of the public who has been trained in the CQC inspection methodology).

Background to Stanley Court Surgery

Stanley Court Surgery is situated in a residential area of Burscough and occupies the purpose built Burscough Health Centre along with a neighbouring GP practice. There is car parking available outside the Health Centre and a ramp at the front entrance of the building to facilitate access for those experiencing difficulties with mobility.

The practice delivers services under a general medical services (GMC) contract with NHS England to 5363 patients, and is part of the NHS West Lancashire Clinical Commissioning Group (CCG). The average life expectancy of the practice population is in line with both CCG and national averages for males (79 years) and slightly above the CCG average for females (83 years for the practice as opposed to 82 years for the CCG, 83 years nationally). The age distribution of the practice's patient demographic closely aligns with the national averages. A slightly higher proportion of the practice's patients are in full time education or paid work; 65% compared to the CCG average of 60.5% and national average of 61.5%. The practice caters for a slightly lower proportion of patients with a long standing health condition (51.1% compared to the CCG average of 55.5% and national average of 54%).

Information published by Public Health England rates the level of deprivation within the practice population group as eight on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by four GP partners (three female and one male). The GPs are assisted by two practice nurses and a healthcare assistant. Clinical staff are supported by a practice manager, assistant practice manager and six other administrative and reception staff.

The practice is open Monday to Friday between the hours of 8:00am and 6:30pm, apart from Wednesdays when the practice closes at 1:00pm. Extended hours appointments are available each Monday evening until 8:00pm. Appointments are offered between 8:30am and 12:00 each morning, and from 3:30 until 5:30pm each afternoon, apart from Mondays when appointments are offered until 8:00pm, and Wednesdays when the surgery closes at 1:00pm. On a Wednesday afternoon when the practice is closed, cover is provided by the neighbouring practice that occupies the same health centre building. Outside normal surgery hours, patients are advised to contact the Out of hour's service, offered locally by the provider OWLS CIC Ltd.

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 10 May 2016. During our visit we:

- Spoke with a range of staff including GPs, a practice nurse, the practice manager and assistant manager as well as reception and administration staff. We also spoke with patients who used the service.
- Observed how patients were being interacted with and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording forms we reviewed demonstrated 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 did note that while proforma for significant events was not consistently used for all incidents recorded, the information recorded in all cases documented the investigation and changes to practice that took place as a result appropriately.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an appropriate 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, following an event where a pharmacy dispensed an incorrect medical device in error, practice was modified to ensure patients were asked to bring any new devices being used to their follow up review at the surgery to ensure it was correct and that they knew how to use it correctly.

While we saw that incidents were investigated thoroughly and appropriate changes to practice made as a result of analysis, we found that learning outcomes were not always maximised. Incidents were discussed at significant event meetings involving clinical staff, practice management and those directly involved in the incident. However, inconsistencies in the method of recording these meetings meant it was not always clear who had been present in the discussion.

Staff told us that learning from significant event analysis was disseminated more broadly to practice staff during staff meetings. However, not all staff we spoke to were able to tell us about specific examples of such feedback and meeting minutes did not reflect that these discussions took place, meaning there was not always a robust audit trail of what information had been given to whom. We were told that significant event analyses (SEAs) were re-visited and reviewed to ensure that changes had been effective, but these reviews were not always clearly documented. There was not a central register stored of SEAs carried out to facilitate trend analysis.

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 either received training on safeguarding children and vulnerable adults relevant to their role, or had training planned. GPs were trained to child protection or child safeguarding level 3. We were told of specific examples of how the practice had appropriately managed concerns around vulnerable patients which resulted in action being taken to keep them safe.
- Notices in the consultation rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role. However, we found that non clinical staff who acted as chaperones had not 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). There was a risk assessment stored in their personnel files to justify this decision, however, these were not signed by the employees. Discussions with non

Are services safe?

clinical staff members who performed chaperone duties indicated that they were not fully aware of the need to not be left alone with the patient should the clinician need to leave the room. Immediately following the inspection, the practice provided evidence that DBS checks were being carried out for these members of staff.

- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The lead GP was the infection prevention and control (IPC) clinical lead and was assisted by one of the practice nurses. There was an infection control protocol in place, although this lacked detail and did not reflect all of the IPC procedures undertaken by the practice. The practice nurse provided an updated policy document immediately following the inspection to address this. 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 CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- The practice had a very stable workforce and had not engaged in any recent recruitment activity. The last employed member of staff was recruited in 2010. We reviewed four personnel files and found that while some recruitment checks had been undertaken prior to employment, such as proof of identification, there were also gaps. For example, references and interview notes were not documented, nor was appropriate evidence that checks through the Disclosure and Barring Service or previous Criminal Records Bureau (CRB) had been carried out for a practice nurse employed in 2002. A note

was recorded in the personnel file stating that the assistant practice manager had had sight of an appropriate CRB certificate at the commencement of employment, but no record of the certificate number had been made. The practice took immediate action following the inspection to initiate such a check and provided the certificate reference number as evidence that this check had been carried out. We saw that the practice's recruitment policy, which had been reviewed in March 2016, included appropriate procedures for pre-employment check for new employees, including the need to seek references from previous employers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available. The practice had up to date fire risk assessments and carried out regular alarm tests and 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).
- 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.

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 a treatment room.

Are services safe?

- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included identified alternative accommodation should the premises become unusable and emergency contact numbers for suppliers and contractors.

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 97.8% of the total number of points available, with a 5.6% exception reporting rate for clinical domains (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 clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was in line with the national average. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 82% compared to the national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 79%, compared to the national average of 78%.

- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 81% compared to the national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 96% compared to the national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 90% compared to the national average of 88%.
- Performance for mental health related indicators was also in line with or above the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 97% compared to the national average of 88%. The practice were also able to show us current data (which was yet to be externally validated) that demonstrated that 100% of patients on the mental health register had care plans in place.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 94% compared to the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 80% compared to the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90mmHg or less was 91% compared to the national average of 84%.
- The percentage of patients with asthma on the register who had an asthma review in the preceding 12 months that included an appropriate assessment of asthma control was 81%, compared to the national average of 75%.

Are services effective?

(for example, treatment is effective)

Electronic Prescribing Analysis and Costs (ePACT) had identified the practice as an outlier for its percentage of antibiotic items prescribed that were Cephalosporins or Quinolones between 1/7/2014 and 30/6/2015 (10%, compared to the national average of 5%). Discussion with the GPs during the inspection demonstrated that they were aware of this and they were able to reassure the inspection team that action was being taken to address this prescribing trend. The practice's electronic record system confirmed that the amount of these medicines prescribed in the preceding six months prior to the inspection had been considerably reduced.

There was evidence of quality improvement including clinical audit.

- We were shown eight clinical audits completed recently by the practice, two of these were completed audit cycles 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 of an audit examining treatment of erectile dysfunction demonstrated that best practice was being followed and resulted in an increase of treatment being effective from 36% of patients to 63%.

Information about patients' outcomes was used to make improvements. For example, the practice had developed a number of practice based templates on the electronic patient record system for the entry of information around a number of different population groups, including around frailty. This ensured that the most appropriate patient information was sought and recorded to allow more informed decisions to be made about patients' care and treatment.

The practice had increased its number of nursing hours to incorporate a 'care coordinator' role around managing and reducing unplanned admissions into hospital. Data provided by the practice during the inspection demonstrated that between the months of April to July 2015 there were 26 unplanned admissions into hospital, while between December 2015 and March 2016 there were only 10 admissions. There were 123 patients on the practice's unplanned admissions register and all of these patients had a care plan in place.

Effective staffing

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

- The practice had not needed to recruit any new staff recently, but management staff informed us an induction programme for all newly appointed staff would be implemented as required. This would include opportunities to shadow colleagues and well as areas such 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; we saw training certificates in the practice nurse's personnel file demonstrating appropriate update courses had been attended.
- 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, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had either received an appraisal within the last 12 months or had one planned in the near future.
- 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.

Are services effective?

(for example, treatment is effective)

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. In an effort to streamline communication channels with secondary care, the practice had implemented a system where a 'faxback' sheet was included with any onward referral document to secondary care in order to facilitate appropriate and timely feedback regarding the outcome of the referral.

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. The practice was involved in a local pilot scheme to receive hospital consultant's reports electronically. 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 people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and recorded the outcome of the assessment.
- The practice maintained a register of patients where deprivation of liberties safeguards (DoLs) had been put in place (DoLs are safeguards used to protect the rights of people who lack the ability to make certain decisions for themselves and ensure their freedom is not inappropriately restricted).

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.
- A dietician was available on the premises and smoking cessation advice was also provided.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the national average of 82%. There was a policy to offer additional reminders by letter or telephone for patients who did not attend for their cervical screening test. The practice ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data from the National Cancer Intelligence Network published in March 2015 placed the practice above Clinical Commissioning Group (CCG) averages in many areas. For example the percentage of patients aged between 60 and 69 who had been screened for bowel cancer in the last 30 months was 69%, compared to the CCG average of 57%. The percentage of females aged between 50 and 70 years old who had been screened for breast cancer within six months of invitation was 81%, compared to the CCG average of 76%.

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

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98% to 82% and five year olds from 98% to 94%.

Patients had access to appropriate health assessments and checks. These included health checks for all new patients, NHS health checks for patients aged 40–74 as well as health checks for those over the age of 75. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 30 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 11 patients. 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 higher than local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 93% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 93% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

- 99% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

During the inspection we saw numerous examples of staff displaying their extremely caring nature towards patients, for example in the support offered to distressed patients in the waiting area. The patients we spoke with told us this level of care was typical of the practice and what they had come to expect in their time visiting the surgery.

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. Of the 11 patients we spoke with, 10 felt they 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 positively to questions about their involvement in planning and making decisions about their care and treatment. Results were again higher than local and national averages. For example:

- 91% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 93% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 98% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 91% and the national average of 90%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language.
- 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 62 patients as carers (1% of the practice list) and provided them with an

information pack for carers to direct carers to the various avenues of support available to them. Patients on the carers register were offered an annual review to monitor their health and wellbeing needs; 40% of patients on the register had accessed such a healthcheck at the time of inspection. Further information was available for carers on the practice website also.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. The practice also notified other providers to endeavour that any future hospital appointments that had been booked for the patient were cancelled to avoid unnecessary further stress for the family.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours surgeries on a Monday evening until 8:00pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability and other complex needs, such as those experiencing multiple health problems.
- The health reviews for patients experiencing multiple health problems were coordinated so as to avoid the need for multiple visits to the surgery.
- 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 vaccinations 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.
- All consultation and treatment rooms were accessible on the ground floor of the building.
- Telephone appointments were available, and patients were able to book appointments online.
- The practice also offered weekly anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic. This service was being accessed by 76 patients at the time of inspection.

Access to the service

The practice was open Monday to Friday between the hours of 8:00am and 6:30pm, apart from Wednesdays when the practice closed at 1:00pm. Extended hours appointments were available each Monday evening until 8:00pm. Appointments were offered between 8:30am and 12:00 each morning, and from 3:30 until 5:30pm each afternoon, apart from Mondays when appointments were

offered until 8:00pm. Wednesday afternoon GP cover was provided by the neighbouring practice that occupied the same health centre building. In addition to pre-bookable appointments that could be booked up to six months in advance, urgent appointments were also available for people that needed them. We saw during the inspection examples of patients arriving at the surgery without having booked an appointment and staff ensured that they were seen on the day. At the time of inspection the next pre-bookable routine appointment was available in two days' time.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than the national average.

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

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. In cases where the patient's healthcare needs were urgent and therefore 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 on the practice website and there was a patient complaint leaflet and form available from reception.

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

We looked at two complaints received in the last 12 months and found these were satisfactorily handled. They were dealt with in a timely way, with openness and transparency. While the patient information document detailing how to complain did specify that they could progress their complaint to the Parliamentary Health Service

Ombudsman should they be unhappy with the outcome of their complaint to the practice, we found that this information was not consistently documented in the written responses notifying patients of the outcome of the complaint. Trends of complaints were analysed via annual review meetings of complaints received.

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.

- Staff knew and understood the values of this vision and were able to describe their responsibilities within it.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. While we saw that a central register of policy documents was maintained to track when each required reviewing and updating, the policy documents themselves did not consistently have noted their last / next review date. Some policies lacked sufficient detail, including the IPC policy and the recruitment policy.
- 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

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

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of

candour (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment:

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

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

- Staff told us the practice held regular team meetings, however we found meeting minutes lacked sufficient detail around the content of discussions. This meant there was not always a robust audit trail of what information had been given to whom.
- 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 and management 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, and the practice sought their feedback via email. For example, following feedback from patients the practice had recently amended its appointment system to allow for more flexibility around offering longer appointments for those with multiple health needs.

Are services well-led?

Good 

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

- The practice had gathered feedback from staff generally through staff meetings, appraisals and discussion as well as using a staff feedback box in the staff room. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. For example, staff told us that the practice had amended the way annual leave was monitored and the rota system implemented as a result of suggestions from staff. 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 and the partners and management were clearly reflective in their approach to running the organisation. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It had been recognised that there was scope to streamline

communication channels with other healthcare providers. The practice had implemented a system of including faxback templates with all outgoing referral documents to encourage the timely receipt of consistent feedback. The practice had also engaged in a local pilot scheme whereby they received consultant's reports electronically from the local hospital. The practice had also developed its own set of templates for the electronic patient records in order to streamline the entry of information onto the system around a range of health problems therefore ensuring that appropriate information was stored and accessible, maximising the chances of appropriate treatment being offered.

The practice had jointly devised a protocol with the Clinical Commissioning Group (CCG) and Local Medical Committee (LMC) around the assessment and treatment of patients with dementia who had a history of aggressive behaviour.