

Dr Maurice O'Connell and Partners

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Maurice O'Connell & Partners (The Beacon Surgery) on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Feedback from patients about their care was consistently and strongly positive.
- The practice proactively sought feedback from staff and patients, which it acted on.
- Urgent appointments were available on the day they were requested.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.

- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand.
- Patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour.

We saw one area of outstanding practice:

Summary of findings

- Elderly patients who were resident in care homes were visited each week by a GP allocated by the practice to that care home to ensure continuity of care. This was introduced in 2014 and has led to a 25% reduction in unplanned hospital admissions for these patients.

The areas where the provider should make improvements are:

- To review policies in regard of staff whose role means they have unsupervised contact with patients and either risk assess the role or carry out relevant checks to ensure patient safety.

- To review what actions the practice could undertake to ensure that the maximum numbers of carers are identified within their patient list.
- To review their policies regarding completing legionella risk assessments so as to ensure patient and staff safety .

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
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- The practice had policies and procedures in place to help with continued running of the service in the event of an emergency.
- The practice was clean and tidy and there were arrangements in place to ensure appropriate hygiene standards were maintained.
- Although risks to patients who used services were assessed the practice did not undertake a legionella risk assessment in place. However, we noted the practice did have water samples tested annually to ensure the quality and safety of the water supply.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework from 2014/15 showed patient outcomes were at or above average for the locality and compared to the national average with the exception of patients suffering from mental health issues where the practice was lower than 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 including an annual checklist that covered areas such as policies, procedures and training issues for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Summary of findings

- GPs at the practice had forged a working relationship with the radiology department at Redbury hospital which allowed them to book investigations directly thus making the treatment time quicker for patients.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the National GP Patient Survey published January 2016 showed patients rated the practice higher than others for all 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.
- We observed a strong patient-centred culture.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- 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.
- 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?

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

Good



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

Summary of findings

- 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.
- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and worked in close partnership with the practice.
- There was a strong focus on continuous learning and improvement at all levels.
- There was an effective skill mix of doctors, practice nurses and healthcare assistants.

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.
- Elderly patients who were resident in care homes were visited each week by a GP allocated by the practice to that care home to ensure continuity of care. This was introduced in 2014 and has led to a 25% reduction in unplanned hospital admissions for these patients.
- All patients over 75 years of age are ensured a same day appointment.
- The practice had a safeguarding lead for vulnerable adults.

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.
- Data from 2014/15 showed the percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92% compared to the national average of 88%.
- 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.
- For patients with more complex diabetic needs there was a clinic serviced by the diabetic specialist nurse within the practice.
- The practice has on site spirometry testing available for those patients with asthma and chronic obstructive pulmonary disease (COPD).

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.
- Data from 2014/15 showed the percentage of patients with asthma, on the register, who had an asthma review in the preceding 12 months was 82% compared to the national average of 75%.
- The practice ensured that children needing emergency appointments would be seen on the day or were offered a same day telephone appointment to discuss any concerns.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The percentage of women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding 5 years was 94% compared to a 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 and health visitors.
- The practice offered a comprehensive range of family planning services with two GPs proficient in coil insertion and a further two GPs able to place contraceptive implants.
- Childhood immunisations were given when it was convenient to the patients and not at a prescribed clinic time.
- The practice offered online appointment booking and prescription requests for patients along with a text reminder service for appointments.

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.

Summary of findings

- Patients could pre-book early morning appointments from 7am one day a week as well as one evening session until 7.30pm once a week. Saturday morning appointments were also available from 8am.
- The practice offered NHS health-checks and advice for diet and weight reduction.
- The practice offered a range of other services such as minor surgery, ear micro-suction and a rectal diagnostic clinic which was less time consuming for patients than attending an outpatient clinic would have been.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- Translation services were available for patients who did not use English as a first language.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Carers and those patients, who had carers, were flagged on the practice computer system and were signposted to the local carers support team.
- The practice had recently introduced a system whereby the health care assistant visited vulnerable patients in their own homes to advise them about health care.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice had a close working relationship with the pharmacy next door and requested medicines to be blister packed for patients requiring this.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

Good



Summary of findings

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).

- Data from 2014/15 showed 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 was 53% compared to the national average of 88%. The practice had recognised this and devised a plan to address the matter and evidence was seen that at the time of inspection the practice had achieved 83% in areas affecting mental health.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face-to-face review in the preceding 12 months was 73% compared to the national average of 84%.
- The practice had recognised that they had low mental health data and had put into place a system to alleviate the number of patients who did not attend for their appointments. This system included telephone reminder calls and appointments nearer to the date of making their appointment.
- The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health.
- All patients on the Mental Health register were proactively invited in to see their usual doctor annually. This appointment was always made during the morning surgery times so that the GP could do blood tests if needed.
- The practice provided in house counsellors for all patients as needed and there were also some counsellors in training who saw patients. The practice had developed special rooms for this purpose and these were furnished comfortably and away from the clinical areas of the practice.
- It 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.
- It had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages. 240 survey forms were distributed and 138 were returned. This represented about 1% of the practice's patient list. Results from the survey showed;

- 78% of patients found it easy to get through to this surgery by phone compared to a national average of 73%.
- 75% of patients were able to get an appointment to see or speak to someone the last time they tried (national average 76%).
- 96% of patients described the overall experience of their GP surgery as fairly good or very good (national average 85%).
- 94% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (national average 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 45 comment cards which were all positive about the standard of care received. Some of the comments received included: that the level of care provided here should be the benchmark for the NHS, all staff were efficient, sympathetic and respectful and, the practice was outstanding in all areas.

Three comment cards also documented difficulty in getting through on the telephone for appointments and a rude member of reception staff. However, these cards still contained other positive feedback.

We spoke with four patients during the inspection. All four patients said they were happy with the care they received and thought staff were approachable, committed and caring. The latest information from the practice's friends and family test showed that 89% of 91 respondents were either extremely likely or likely to recommend the surgery to their friends or family.

Areas for improvement

Action the service **SHOULD** take to improve

- To review policies in regard of staff whose role means they have unsupervised contact with patients and either risk assess the role or carry out relevant checks to ensure patient safety.
- To review what actions the practice could undertake to ensure that the maximum numbers of carers are identified within their patient list.
- To review their policies regarding completing legionella risk assessments so as to ensure patient and staff safety .

Outstanding practice

Elderly patients who were resident in care homes were visited each week by a GP allocated by the practice to that care home to ensure continuity of care. This was introduced in 2014 and has led to a 25% reduction in unplanned hospital admissions for these patients.

Dr Maurice O'Connell and Partners

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 Dr Maurice O'Connell and Partners

Dr Maurice O'Connell & Partners (The Beacon Surgery) is a practice offering personal medical services to the population of Crowborough, East Sussex. There are approximately 10,400 registered patients.

The practice population has a higher number of patients between 45-49, 60-69 and 85+ years of age than the national and local CCG average. The practice population also shows a lower number of patients between the age of 10-39 and 70-84 year olds than the national and local CCG average. There are a slightly lower number of patients with a longstanding health condition. The percentage of registered patients suffering deprivation (affecting both adults and children) is lower than the average for England.

Dr Maurice O'Connell & Partners is run by four partner GPs (three male and one female). The practice is also supported by three female salaried GPs; three practice nurses, two healthcare assistants, a phlebotomist, a team of administrative and reception staff, an administrative office manager and a practice manager.

The practice runs a number of services for its patients including asthma clinics, diabetes clinics, coronary heart disease clinics, minor surgery, child immunisation clinics, new patient checks and holiday vaccinations and advice.

Services are provided from one location:

The Beacon Surgery, Beacon Road, Crowborough, East Sussex, TN6 1AH

Opening hours are Monday to Friday 8am to 6.30pm. The practice has extended hours which vary each week. There is one morning extended session from 7am and one evening session from 6.30pm, the day for this changes and is not constantly on the same day. There are also extended appointments available every Saturday morning from 8am.

During the times when the practice is closed arrangements are in place for patients to access care from IC24 which is an Out of Hours provider.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016. During our visit we:

- Spoke with a range of staff including three GPs, two nurses, six administrative staff, four members of the patient participation group (PPG), the practice manager and administration office manager and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, before a GP commenced patients on warfarin (or other blood thinning medicines) the GP, were advised they must double check that the patient was not already on any medicines that were contraindicated with this.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse that reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level 3.
- 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 though one long standing member of staff had not received a

Disclosure and Barring Service check (DBS check) and a risk assessment was not in place for this person's role. (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 responded on the day of inspection to this issue by applying for a DBS check for that member of staff.

- 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 and security). 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. Prescription forms were securely stored and there were systems in place to monitor their use. The practice had a system for production of Patient Specific Directions to enable Health Care Assistants to administer vaccines after specific training when a doctor or nurse was on the premises.
- We reviewed six personnel files of new staff 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.
- There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Monitoring risks to patients

Risks to patients were assessed and well managed.

Are services safe?

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. 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. However whilst there was no actual legionella risk assessment in place evidence was seen that the practice ensured that annual checks were made to their water supply to ensure patient and staff safety (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

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 was available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage, this plan had been reviewed in December 2015. The plan included emergency contact numbers for staff and copies of this plan were held off site by key members of staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 94% of the total number of points available, with 9% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 92%, this was better than the national average of 88%
- 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 79%, this was lower than the national average of 84%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 53%; this was lower than the national average of 88%. The practice had implemented a plan to improve these figures.

Clinical audits demonstrated quality improvement.

- There had been five 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 and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included changing the prescribing process of antibiotics to patients so as to ensure the most effective treatment pathway was utilised.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. New staff underwent a probationary period in which their competencies were reviewed.
- 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 during sessions, one-to-one meetings, appraisals, clinical supervision and facilitation and support for revalidating GPs. All staff that wanted an appraisal had received one within the last 12 months. The practice did not make appraisals compulsory for all staff though all staff underwent an annual check that covered areas such as fire safety, health and safety and other reminders to ensure they remained competent to carry out their roles.

Are services effective?

(for example, treatment is effective)

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Out of hours care was provided by IC24 and the practice used software called "Share my care" to communicate effectively with the provider.

Staff worked together and with other health and social care services to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. We saw evidence that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated.

Consent to care and treatment

Staff sought patients' consent to care and treatment in line with legislation and guidance.

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- The practice nurses could support patients with reviews for diabetes or asthma and could conduct cervical smears, blood test and vaccinations.

The practice's uptake for the cervical screening programme was 94%, which was better than 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 also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were better than CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 99% and five year olds from 95% to 100%. The CCG averages ranged from 90% to 94% and from 88% to 94% respectively.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 46 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 4 members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

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

- 98% of patients said the GP was good at listening to them compared to the CCG average of 93% and national average of 89%.
- 99% of patients said the GP gave them enough time (CCG average 91%, national average 87%).
- 100% of patients said they had confidence and trust in the last GP they saw (CCG average 97%, national average 95%)
- 99% of patients said the last GP they spoke to was good at treating them with care and concern (national average 85%).

- 100% of patients said the last nurse they spoke to was good at treating them with care and concern (national average 91%).
- 93% of patients said they found the receptionists at the practice helpful (CCG average 88%, national average 87%).

Care planning and involvement in decisions about care and treatment

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

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 in line with local and national averages. For example:

- 98% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and national average of 86%.
- 99% of patients said the last GP they saw was good at involving them in decisions about their care (national average 81%).
- 95% of patients said the last nurse they saw was good at involving them in decisions about their care (national average 85%).

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

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 81 patients that were also carers; this is approximately 1% of the practice list. Written information was available to direct carers to the various avenues of support available to them.

Are services caring?

Staff told us that if families had suffered bereavement then an alert was made on the computer system to alert staff to this fact. Advice was available to help people find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The practice offered extended hours appointments one morning per week and one evening per week. The days of these were not fixed and patients were informed accordingly. There were also appointments available every Saturday morning from 8am.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities and translation services were available.
- The practice had a lift in the surgery to ensure that all floors were accessible to patients.
- The practice could accommodate those patients with limited mobility or who used wheelchairs.
- Staff had received equality and diversity training.
- Nurse led clinics were available to support patients suffering from chronic conditions.

Access to the service

The practice was open between 8am and 6.30pm. Monday to Friday. Appointments were from 8am to 11.40am every morning and 2.30pm to 6.30pm daily. Extended surgery hours were offered from 7am one morning each week and from 6.30pm one evening per week. The days that these were available changed weekly. Appointments were also

available from 8am every Saturday morning. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them.

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

- 84% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 78% of patients said they could get through easily to the surgery by phone (national average 73%).
- 45% of patients said they always or almost always see or speak to the GP they prefer (national average 36%).

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

Listening and learning from concerns and complaints

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

- The 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 information available in the waiting room and on the practice website to help patients understand the complaints system.

We looked at three complaints received in the last 12 months. These were investigated in detail, with transparency and openness. The practice held regular meetings where complaints were discussed to ensure lessons could be learnt, and action was taken as a result to improve the quality of care. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, checking details thoroughly when issuing repeat prescriptions so as to ensure there were no medicines errors.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and 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.
- We found details of the aims and objectives values in their statement of purpose. This included that the practice aimed to; understand and meet the needs of patients, involve patients in decision making, and ensure all members of the team have the right skills and duties to carry out their role competently.

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. These included a whistleblowing policy, chaperone policy and a confidentiality policy. The practice also had an annual checklist which staff had to sign to demonstrate that their knowledge of procedures were current and included areas such as manual handling and health and safety. Staff knew where to find these policies and confirmed their understanding of them
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements
- There were arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. However, some aspects of governance required improvement such as; risk assessing the need for Disclosure and Barring Service checks, identifying patients who were carers and legionella testing.

Leadership and culture

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

The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held full practice team meetings every six months. Nurse team meetings were held quarterly and there were weekly meetings for clinical staff which had specific topics for discussion for example, palliative care or prescribing reviews. These weekly meetings were sometimes held with external guest speakers providing current information on subjects to the clinical staff.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

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 patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, reviewing the appointment system so as to avoid congestion in the waiting rooms.
- The practice gathered feedback from staff through 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 engaged in the practice to improve outcomes for both staff and patients.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and worked closely with other practices and agencies in the area to share best practice and learning.