

Regal Chambers Surgery

Quality Report

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Date of inspection visit: 14 January 2016
Date of publication: 20/04/2016

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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Regal Chambers Surgery on 14 January 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.

- Information about services and how to complain was available and easy to understand.
- Patients said they 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.

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.

- 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 and a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Good



Are services effective?

The practice is rated as good for providing effective services.

- The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients.
- The practice provided enhanced services which included personal health and advanced care planning.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- The practice was proactive in ensuring staff learning needs were met.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey results published in January 2016 showed patients rated the practice higher than others for several aspects of care.
- The practice offered flexible appointment times based on individual needs.

Good



Summary of findings

- 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.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. For example, a nurse from a local practice provided an anti-coagulation service and patients were able to have their blood tests, medication dosage checks and reviews completed at the practice.
- 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. For example, the practice had signed up to the CCG led winter resilience scheme and provided extra appointments. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency unit.
- 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.

Good



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 this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.

Good



Summary of findings

- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on.
- There was a strong focus on continuous learning and improvement and the practice worked closely with other practices and the local Clinical Commissioning Group.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population, this included enhanced services for dementia and end of life care.
- Weekly visits to three local care homes were carried out by named GPs for continuity of care and emergency visits were also provided when needed.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments when required.
- The practice worked closely with a rapid response and case management service in place to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.
- The practice had completed 366 over 75 health checks in the last 12 months, which was 32% for this population group.
- Flu vaccination rates for the over 65s were higher than the national average.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. The practice held weekly nurse-led COPD (chronic obstructive pulmonary disease) and asthma clinics.
- The overall performance for diabetes related indicators was below the local Clinical Commissioning Group (CCG) and national averages.
- The practice held a multidisciplinary diabetic clinic for patients on a weekly basis, providing all aspects of diabetes management including insulin initiation. The practice worked closely with the secondary care diabetes consultant and completed an annual review of patients.
- Longer appointments and home visits were available when needed.
- The practice held a register of cancer patients and regularly reviewed new cancer diagnosis.
- All patients with a long-term condition had a named GP and a structured annual review to check their health and medicines

Good



Summary of findings

needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 69% of patients diagnosed with asthma, on the register, had an asthma review in the last 12 months which was comparable with the national average of 75%.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 83% which was comparable with the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice held nurse-led baby immunisation clinics twice a week.
- The practice provided GP services to a local independent school.
- We saw positive examples of joint working with midwives and health visitors.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- It provided a health check to all new patients and carried out routine NHS health checks for patients aged 40-74 years.
- The practice was proactive in offering online services such as appointment booking and repeat prescriptions services, as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- It offered an appointment reminder text messaging service and appointment times were extended four times a month, including one Saturday morning each month.
- The practice provided an electronic prescribing service (EPS) which enables GPs to send prescriptions electronically to a pharmacy of the patient's choice.

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 those with a learning disability.
- The practice provided same day appointments for people from a nearby hostel.
- It offered longer appointments and annual health checks for people with a learning disability.
- The practice held a register of carers, there was a nominated carer's champion who was proactive in offering health checks, flu vaccinations and information and advice about local support groups and services.
- There was a system in place to identify patients with a known disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- It had told vulnerable patients about how to access various support groups and voluntary organisations.
- There was a system in place to identify patients who required additional support and extra time during appointments.
- Staff had received safeguarding training and 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



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).

- 95% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.

Good



Summary of findings

- Fortnightly visits to two local mental health/learning disability facilities were carried out by named GPs for continuity of care and emergency visits were also provided when needed.
- The practice held a register of patients experiencing poor mental health and offered regular reviews and same day contact.
- It had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Patients were referred to the Improving Access to Psychological Therapies (IAPT) service and these sessions were delivered at the practice by the local community wellbeing team.
- 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.

Summary of findings

What people who use the service say

The national GP patient survey results published on 7 January 2016 showed the practice was performing in line with local and national averages. There were 254 survey forms distributed and 118 were returned. This represented just under 1% of the practice's patient list.

- 62% found it easy to get through to this surgery by phone compared to a CCG average of 63% and a national average of 73%.
- 86% were able to get an appointment to see or speak to someone the last time they tried (CCG average 83%, national average 85%).
- 87% described the overall experience of their GP surgery as fairly good or very good (CCG average 82%, national average 85%).
- 72% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area (CCG average 75%, national average 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, one patient commented

on problems they had experienced with their medication and 23 comments were positive about the standard of care received. Patients commented on how the practice was much improved and responsive to individual needs. Patients said staff acted in a professional and courteous manner and described the services provided as excellent. Patients commented on how clean the practice was and how satisfied they were with the reception staff, the options available to access treatment and advice and the quality of care provided by the doctors and nurses.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and thought staff were approachable, committed and caring. The practice had received 14 responses to the monthly NHS Friends and Family Test (FFT). The FFT asks people if they would recommend the services they have used and offers a range of responses. At the time of our inspection results showed that all patients who had responded in January 2016 were either 'extremely likely' or 'likely' to recommend the practice.

Regal Chambers 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 advisor and a second CQC inspector.

Background to Regal Chambers Surgery

Regal Chambers Surgery provides primary medical services, including minor surgery, to approximately 13045 patients from premises at 50 Bancroft, Hitchin, Hertfordshire, SG5 1LL.

The practice serves a lower than average population for those aged between 20 to 29 years, and higher than average population of those aged between 35 to 54 years. The population is 91% White British (2011 Census data). The area served is less deprived compared to England as a whole.

Regal Chambers Surgery is an approved teaching and training practice. They have been approved to train doctors who wish to undertake additional training (from four months up to one year depending on where they are in their educational process) to become general practitioners, and have been accredited by teaching hospitals so that medical students train at the practice for short periods as part of their general medical education. The team consists of eight GP partners and two salaried GPs. Six GPs are female and four are male. There are two GP trainees, one ST2 (second year of speciality training) and one ST3 (third year of speciality training). There are seven nursing team members including three practice nurses, two urgent care nurses, who are nurse prescribers, and two healthcare

assistants. There is a business manager, six reception team members, six clinical administration team members and three general administration team members. There is a nominated team leader for the nursing, reception, clinical administration and general administration teams.

The practice is open to patients between 8am and 6.30pm Monday to Friday. Appointments with a GP are available from 8.45am to 11.45am and from 2.30pm to 6pm Monday to Friday. The practice offers extended opening hours between 7am and 8am on a Tuesday and Thursday during the first week of each month, between 6.30pm and 8pm on a Tuesday during the second week of each month and between 8.30am and 10.30am on the last Saturday of each month. Emergency appointments are available daily and are provided by two duty doctors and urgent care nurses. A telephone consultation service is also available for those who need urgent advice. Home visits are available to those patients who are unable to attend the surgery and the practice is also able to offer home visits via the Acute In Hours Visiting Service. This is a team of doctors who work across East and North Hertfordshire to visit patients at home to provide appropriate treatment and help reduce attendance at hospital. The out of hours service is provided by Hertfordshire Urgent Care via the NHS 111 service and information about this is available on the practice website and telephone line.

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

Detailed findings

requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

How we carried out this inspection

Before inspecting, 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 inspection on 14 January 2016. During our inspection we:

- Spoke with five GPs, one GP trainee, the nursing team leader, a healthcare assistant, the business manager, the reception team leader and two receptionists.
- Spoke with five patients and observed how staff interacted with patients.
- Reviewed 24 comment cards where patients and members of the public shared their views and experiences of the service.
- Received feedback from three members of the patient participation group (this was a virtual group of volunteer patients who worked with practice staff on how improvements could be made for the benefit of patients and the practice).

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

- 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. Senior staff understood their roles in discussing, analysing and learning from incidents and events.
- Staff would complete a significant event record form. The event would be discussed with Partners at a clinical meeting and subsequently discussed with all staff on a quarterly basis.

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, a patient's specimen had been left at reception which led to additional training for staff and the creation of a protocol for staff to follow.

When there were unintended or unexpected safety incidents, patients received reasonable support, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again. For example, the practice took the necessary action after a patient reported problems obtaining their prescribed medication. The practice also introduced a monthly feedback survey with local pharmacies in order to develop good working relationships.

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 an appropriate level in safeguarding children and vulnerable adults.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The nursing team leader 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. Infection control audits were undertaken on an annual basis and we saw evidence that action was taken to address any improvements identified as a result. The practice had completed an infection control audit in September 2015 and completed an annual infection control audit of all minor surgical procedures carried out at the practice.
- All single use clinical instruments were stored appropriately and were within their expiry date. Where appropriate specific equipment was cleaned daily and daily logs were completed. Spillage kits were available and clinical waste was stored appropriately and securely and was collected from the practice by an external contractor on a weekly basis.
- The arrangements for managing medicines in the practice, including emergency medicines and vaccinations, kept patients safe. This included arrangements for obtaining, prescribing, recording, handling, storing and security of 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. Prescriptions were securely stored and there were systems in place to monitor their use. Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the

Are services safe?

practice to allow nurses to administer medicines in line with legislation. The practice had a system for the production of Patient Specific Directions to enable Health Care Assistants to administer vaccinations after specific training when a doctor or nurse were on the premises.

- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- 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.
- The practice was the highest reporter within the locality, to the Clinical Commissioning Group contract hotline, in relation to concerns about local service providers not performing in accordance with contractual obligations. For example, the practice reported a concern about not receiving information from a hospital about why a patient's medication had been stopped and this resulted in changes to hospital discharge letters.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the staff room which identified local health and safety representatives. The practice had up to date fire risk assessments and carried regular fire drills. The latest fire drill was completed in November 2015. Fire equipment was checked by staff regularly, fire alarms were tested weekly and the fire equipment was checked by an external contractor on an annual basis. All electrical equipment was checked in September 2015 to ensure the equipment was safe to use and clinical equipment was checked in March 2015 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 (COSHH), infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- The practice had a tenancy agreement with the owner of the building and we saw evidence to confirm the practice was taking the necessary action to manage the maintenance of the practice.
- 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. Secretaries would spend an hour a day on reception to ensure they maintained the skills and knowledge to cover reception if required. The practice would use the same locums if required and completed the necessary checks and monitored their training. Staff had a flexible approach towards managing the day to day running of the practice and team leaders would also provide cover as and when needed.

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. The practice also had panic buttons in some of the treatment rooms.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room. The practice also kept medicine to treat anaphylaxis (severe, potentially life-threatening allergic reaction) in all of the treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and fit for use.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff. A copy of this plan was available on the staff intranet and additional copies were kept off the premises.

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.
- The practice met with the local Clinical Commissioning Group (CCG) on a regular basis and accessed CCG guidelines for referrals and also analysed information in relation to their practice population. For example, the practice would receive information from the CCG on patient accident and emergency attendance, emergency admissions to hospital, outpatient attendance and bowel and breast screening uptake. They explained how this information was used to plan care in order to meet identified needs and how patients were reviewed at required intervals to ensure their treatment remained effective.
- The practice nurses had lead roles in chronic disease management, diabetes and asthma and patients at risk of hospital admission were identified as a priority.

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 91% of the total number of points available, with 8% 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). The practice had an outlier for one of the QOF mental health indicators. We checked this indicator and saw that the practice had an above local and national average for the number of patients experiencing

poor mental health. The practice told us they had a strict process for reporting exceptions and their exception reporting for all mental health indicators were below local and national averages. Data from 2014/2015 showed;

- Performance for hypertension related indicators was above the CCG and national average. The practice had achieved 100% (with 4% exceptions) of the total number of points available, compared to 98% locally and 98% nationally.
- The overall performance for diabetes related indicators was lower than the CCG and national average. The practice had achieved 78% of the total number of points available, compared to 89% locally and 89% nationally.
- Performance for mental health related indicators was below the CCG and national average. The practice had achieved 66% of the total number of points available, compared to 96% locally and 93% nationally.

The practice monitored its QOF activity on a regular basis and had identified the need to improve the number of health check appointment invitations and the number of completed health checks. The practice had appointed a recall administrator to carry out this work.

The practice maintained a register for carers, patients requiring end of life care, patients with a learning disability, mental health condition and patients with a cancer diagnosis.

Clinical audits demonstrated quality improvement.

- The practice had completed 12 clinical audits within the last two years where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, peer review and research.
- Findings were used by the practice to improve services. For example, one of these audits looked at pre-diabetes management and resulted in improvements to the coding and recall system for the purpose of diabetes diagnosis and treatment.
- The practice completed an audit on antibiotic prescribing in uncomplicated urinary tract infections. This audit resulted in improvements to system coding and prescribing.

Effective staffing

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

Are services effective?

(for example, treatment is effective)

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, fire safety, health and safety, basic life support and information governance.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to online 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire procedures, basic life support, customer care, infection control and information governance awareness. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had a clear system in place to support and manage GP trainees and medical students. The practice had a nominated GP trainer and associate trainer in place. All GPs provided debriefs at the end of each session and weekly GP tutorials.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.

- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

- The practice held quarterly Gold Standards Framework meetings for people requiring palliative care.
- Monthly meetings took place with a local multidisciplinary team that provided a rapid response and case management service to support older people and others with long term or complex conditions to remain at home rather than going into hospital or residential care.

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.

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, homeless people, those at risk of developing a long-term condition and those requiring advice on their diet, access to exercise programmes, smoking cessation and alcohol awareness. Patients were then signposted to the relevant service.

Are services effective?

(for example, treatment is effective)

- The practice would refer patients to a community dietician and smoking cessation advice was provided by a community team who visited the practice once a week.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 83% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice encouraged uptake of the screening programme by ensuring a female clinician was available. 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 comparable to CCG and national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 96% to 99% and five year olds from 95% to 99%.

Flu vaccination rates for the over 65s were 79%, and at risk groups 46%. These were also comparable to CCG and national averages.

Patients had access to appropriate health assessments and checks. The practice offered NHS health checks for people aged 40–74 years. The practice had completed 366 over 75 health checks in the last 12 months, which was 32% for this population group. The practice completed a detailed questionnaire during new patient registration and offered health checks to these patients. Appropriate follow-ups on 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 and private rooms 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 area and room to discuss their needs.

We received 24 CQC patient comment cards and 23 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 received feedback from three members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

Results from the national GP patient survey published in January 2016 showed overall patients felt they were treated with compassion, dignity and respect. The practice was comparable to local and national averages for its satisfaction scores on consultations with GPs and nurses.

For example:

- 81% said the GP was good at listening to them compared to the CCG average of 88% and national average of 89%.
- 80% said the GP gave them enough time (CCG average 85%, national average 87%).
- 98% said they had confidence and trust in the last GP they saw (CCG average 95%, national average 95%).
- 77% said the last GP they spoke to was good at treating them with care and concern (CCG average 83%, national average 85%).
- 88% said the last nurse they spoke to was good at treating them with care and concern (CCG average 90%, national average 91%).

- 90% said they found the receptionists at the practice helpful (CCG average 84%, national average 87%).

The practice told us that would be analysing the latest patient survey results published in January 2016 and would be formulating an action plan for areas which they felt required improvement.

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 results published in January 2016 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:

- 81% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 84% and national average of 86%.
- 77% said the last GP they saw was good at involving them in decisions about their care (CCG average 78%, national average 82%).
- 81% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84%, national average 85%).

Staff told us that translation services were available for patients who did not have English as a first language. The practice also had British Sign Language (BSL) interpretation service available for patients.

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 reception team leader was the nominated carer's champion who was proactive in offering health

Are services caring?

checks, flu vaccinations and information and advice about local support groups and services. The practice had identified 244 patients as carers which was approximately 2% of the practice list.

The practice maintained a patient bereavement notice board and staff told us that if families had suffered bereavement, their usual GP contacted them and sent

them a sympathy card. This call was either followed by a patient consultation at a flexible time to meet the family's needs and by giving them advice on how to find a support service if required.

The practice maintained staff notice boards for patients that required additional support and assistance and for patients that required extra time during their appointments.

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. For example, a nurse from a local practice provided an anti-coagulation service and patients were able to have their blood tests, medication dosage checks and reviews completed at the practice. The practice had signed up to the CCG led winter resilience scheme and provided extra appointments between 8am and 6.30pm Monday to Friday. This service had given patients the opportunity to attend the practice for emergencies rather than travel to the local accident and emergency unit. The practice had seen 737 patients within additional appointments provided between 1 October 2015 and 31 January 2016.

- The practice offered extended hours four times a month, including one Saturday morning each month for working patients who could not attend during normal opening hours.
- 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 and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- There was good access into the practice for wheelchairs and prams and the practice had equipment to assist patients with mobility needs.
- Staff were aware of the need to recognise equality and diversity and acted accordingly.
- The practice used notes and reminders on patient records to alert staff of patients with known visual, physical or hearing impairments.
- The practice had baby changing facilities, space for prams, suitable waiting areas for children and a place available for baby feeding.

- There were two electronic check-in kiosks available which patients could use in a number of different languages.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments were from 8.45am to 11.45am every morning and 2.30pm to 6pm daily. Extended surgery hours were offered between 7am and 8am on a Tuesday and Thursday during the first week of each month, between 6.30pm and 8pm on a Tuesday during the second week of each month and between 8.30am and 10.30am on the last Saturday of each month. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments with a GP or urgent care nurse were also available for people that needed them.

Results from the national GP patient survey results published in January 2016 showed that patients' satisfaction with how they could access care and treatment was comparable to local and national averages.

- 74% of patients were satisfied with the practice's opening hours compared to the CCG average of 69% and national average of 75%.
- 62% of patients said they could get through easily to the surgery by phone (CCG average 63%, national average 73%).
- 50% of patients said they always or almost always see or speak to the GP they prefer (CCG average 54%, national average 59%).

The practice installed a cancellation line into the telephone system in September 2015. 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The business manager was the designated responsible person who handled all complaints in the practice.

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

- We saw that information was available to help patients understand the complaints system. This information was available on the practice website and in a complaints leaflet.

We looked at 36 complaints received within the last 12 months and found all of these had been recorded and handled appropriately. All complaints had been dealt with in a timely way and there was openness and transparency

with dealing with complaints. Apologies were offered to patients when required. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, the practice took the necessary action after a patient reported problems with inconsistent messages being sent via the practice's text messaging service, and introduced a monthly review of text messages sent by the practice.

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 and staff knew and understood the values.
- The practice had a robust strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

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

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

Leadership and culture

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. Clinical staff had lead roles and they prioritised 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 practice was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

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

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

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG), Friends and Family Test results and through comments and complaints received. The PPG had worked with the practice management team to plan and coordinate the seasonal influenza vaccination programme and had also created a patient newsletter.
- The practice had gathered feedback from staff through 360 degree feedback surveys, appraisals, away days and regular staff meetings. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff identified the need to better understand the needs of complex patients and the practice arranged for a professional carer to deliver training on managing difficult situations. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a strong focus on continuous learning and improvement at all levels within the practice. The practice

Are services well-led?

Good 

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

team was forward thinking and part of local pilot schemes and initiatives to improve outcomes for patients in the locality. The practice was leading on the development of a local system for clinical referrals and was working on a pilot for a standardised and consistent approach to electronic discharge summaries. The practice was working on

creating new clinical roles and services and had signed up to a GP fellowship scheme. The practice was a member of a local federation and had two federation board members. One of the GP partners was the federation's Chief Executive and the Business Manager was the Director of Operations.