

Herstmonceux Integrative Health Centre

Quality Report

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Date of inspection visit: 29 September 2016
Date of publication: 31/01/2017

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

Outstanding 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive to people's needs?

Outstanding 

Are services well-led?

Outstanding 

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 Herstmonceux Integrative Health Centre on 29 September 2016. Overall the practice is rated as outstanding.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- There was a strong focus on providing integrative care (based on treating the whole person rather than just the illness and the symptoms with a combination of medical and social prescribing) and the practice used innovative and proactive methods to improve patient outcomes. For example, it worked closely with other organisations to provide a full range of NHS services as well as a number of different social prescribing and community based schemes including singing workshops and walking for health.
- Feedback from patients about their care was consistently positive. The practice scored above average in all areas of the national GP survey.
- The practice placed a strong emphasis on addressing the wider social and lifestyle and community aspects of their patient's health and worked closely with other organisations and with the local community to do this. For example in conjunction with members of its patient participation group and members of the parish council it had established 'Vitality Villages' as a platform to promote recreational and well-being activities within the parish to the public, ensuring that all ages and genders were catered for.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG). For example, the practice provided Saturday morning appointments and a dedicated flu clinic on Saturdays for working patients in response to patient feedback.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.

Summary of findings

- The practice had a clear vision to deliver high quality integrated care working in conjunction with its partners in the community and to empower patients in achieving their health goals. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.
- The health centre had been purpose built and designed to support the practice's vision to provide a sense of calm and relaxation for both patients and staff alike. It had been built with the patient experience in mind, to maximise natural light and reduce the impact on the environment. Patients told us that the practice environment promoted a sense of well-being whenever they visited.

We saw several areas of outstanding practice:

- There was a strong emphasis on providing integrative care which combined safe, effective medical treatment with a range of social prescribing initiatives. This enabled the practice to address the wider social and lifestyle and community aspects of their patients' health. The practice endeavoured to empower patients to achieve their health goals through a number of different social prescribing and community based schemes. This included the prescribing of books

from its patient library, singing workshops, healthy walks and a monthly coffee morning for elderly, isolated patients. The practice was able to demonstrate improved patient outcomes as a result.

- Working with the community and other organisations was integral to the practice's vision to provide integrated care. In conjunction with its PPG and the parish council it established a group called 'Vitality Villages' which promoted recreational activities within the parish to the public, ensuring that all ages and genders were catered for and to ensure those who felt vulnerable or lacked confidence were enabled to make connections. Vitality Villages held a number of regular events targeting particular patient groups including men, older people, families and children and those who were vulnerable or isolated. The practice was able to demonstrate increased uptake of community well-being activities and reduced social isolation as a result.

The areas where the provider should make improvement are:

- Ensure that blank prescription forms for use in printers are tracked in accordance with national guidance.

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 things went wrong patients received reasonable support, truthful information, and an 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. However, the practice needed to ensure blank prescription forms for use in computers were tracked in accordance with national guidance.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data showed that the practice was performing highly when compared to practices nationally. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 92% compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%. 92% of patients with severe and enduring mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 88% and the national average of 90%.
- The practice used proactive and innovative methods in supporting patients to live healthier lives. It worked closely with the local council, community and national organisations and

Summary of findings

embraced social prescribing. Examples included the establishment of singing workshops, healthy walks with a GP and a patient library. Patients reported positive health and well-being outcomes as a result of these initiatives.

- Not all staff had received up to date training on basic life support, however we saw that this was booked to be undertaken in October 2016.

Are services caring?

The practice is rated as outstanding for providing caring services.

- Data from the national GP patient survey showed patients rated the practice higher than others for all aspects of care.
- Staff were motivated and inspired to offer kind and compassionate care and respected the totality of their needs.
- Patients emotional and social needs were seen as important as their physical needs.
- 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.

Outstanding



Are services responsive to people's needs?

The practice is rated as outstanding 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. The practice worked closely with the local council and community organisations to promote good health outcomes for patients. In 2014 it had established 'Vitality Villages' as a platform to promote health within the local community. The group has held a number of events including an annual older persons' day which comprised singing workshops, exercise classes, physiotherapy, crafts and an herbal medicine workshop.
- There were innovative approaches to providing integrated patient-centred care. For example, healthy walks with a GP were held weekly from the health centre along with a clinician from an organisation that promoted green open spaces for health and a community development organisation. Singing workshops were held quarterly in conjunction with a local

Outstanding



Summary of findings

organisation for rural areas. Based on evidence based research this was aimed initially at patients with chronic lung disease, asthma and respiratory issues but now incorporated patients with low self-esteem.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, the practice had installed cooled water dispensers on both floors and had established a patient library so that GPs could prescribe literature to patients as part of their treatment.
- Patients could access appointments and services in a way and at a time that suited them. For example, the practice provided Saturday morning appointments and a dedicated flu clinic on Saturdays for working patients. The practice offered asthma clinics in the school holidays to help enable young people to attend.
- The practice had facilities that had been especially designed to promote well-being and provide a sustainable, calm and relaxing environment for patients. Its design maximised natural light and reduced the impact on the environment.
- Information about how to complain was available and easy to understand, and the practice responded quickly when issues were raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality integrated care working in conjunction with its partners in the community. Leaders had an inspiring shared purpose based on providing sustainable, safe, effective care and empowering people to achieve their own health goals.
- Staff were clear about the vision and their responsibilities in relation to it. They had been involved in its development.
- A systematic approach was taken to working with other organisations to improve patient outcomes and address the impact of wider social issues.
- 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.

Outstanding



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 notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- There was a high level of constructive engagement with staff and a high level of staff satisfaction.
- The practice proactively sought feedback from staff and patients, which it acted on. The practice had a very engaged patient participation group which influenced practice development.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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.
- The practice had a GP lead for identifying vulnerable patients and those at risk of unplanned admission. Detailed care plans were developed for these patients whose needs were regularly reviewed at monthly multidisciplinary meetings.
- The GPs held weekly ward rounds at two local nursing homes and met regularly with staff to ensure patient needs were met.
- The practice hosted a regular podiatry clinic provided by a national charity for the elderly which provided a service to the practice's older patients at a much reduced rate.
- The practice regularly referred isolated and lonely patients to a local befriending scheme.
- The local carer's support organisation held weekly drop in sessions for carers at the health centre.
- The practice provided information in larger font and there was a portable hearing loop for patients with sensory disabilities.
- There was a special raised seating area in the reception for patients with mobility issues and wheelchairs were available on both floors of the building.
- In conjunction with 'Vitality Villages' the practice hosted monthly coffee mornings aimed at its older, vulnerable, often isolated patients, providing them with a chance to socialise, listen to speakers and take part in activities such as a quiz and have something healthy to eat.
- Every year, in conjunction with local community organisations, the practice held an 'Older Persons Day' inviting patients to take part in a number of healthy activities including crafts and singing workshops. This was aimed at reducing social isolation and encouraging the uptake of social activities in order to improve well-being. The practice was able to demonstrate improved uptake of activities as a result of these initiatives.

Outstanding



Summary of findings

People with long term conditions

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Practice performance against indicators for the management of long term conditions was better than the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 92% compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%.
- 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 practice worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice encouraged patients with chronic lung disease, asthma and respiratory issues to attend its singing workshops as result of proven health benefits for this group of patients.

Outstanding



Families, children and young people

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The waiting room at the health centre was designed to be a family friendly waiting room with a special play area for children, baby changing facilities on both floors, wide corridors, large consulting rooms and breastfeeding space on request.
- 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.
- The practice provided a full range of family planning services and cervical screening.
- The number of women aged between 25 and 64 who attended cervical screening in 2016/2017 was 87% compared to the clinical commissioning group (CCG) average of 82% and the national average of 81%.

Outstanding



Summary of findings

- The practice had a flexible appointment system, including after school hours appointments and Saturdays.
- Child immunisation appointments could be made at parent's convenience and not solely at the children's clinic.
- In response to patient feedback the practice offered asthma clinics in the school holidays to help enable young people to attend.
- The community midwife held a fortnightly clinic from the health centre for the local community to access.
- The practice had developed good links with the local primary, senior school and pre-school, hosting visits to the health centre and first aid sessions for the younger children. For the older children the practice hosted visits for sixth form pupils who had an interest in medicine and nursing.
- We saw that the practice had planned a week of health events for families including talks by nutritionists, a talk on cyber safety, singing workshop for families as well as first aid and defibrillator training to take place in November 2016.

Working age people (including those recently retired and students)

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- 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. For example, the practice provided Saturday morning appointments and a dedicated flu clinic on Saturdays for working patients.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflected the needs for this age group.

Outstanding



People whose circumstances may make them vulnerable

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability. Vulnerable patients were highlighted on the practice's electronic records.
- The practice offered longer appointments or home visits for patients with a learning disability according to their preference.

Outstanding



Summary of findings

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

People experiencing poor mental health (including people with dementia)

The practice was rated as outstanding for caring, responsive and well led services. These ratings apply to everyone using the practice, including this population group.

- One of the GPs had a post-graduate qualification in dementia care and specialised in this area. They ran weekly memory assessment and diagnosis clinics at the health centre for all local patients in the clinical commissioning group (CCG) cluster area.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- 92% of patients with severe and enduring mental health problems had a comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 88% and the national average of 90%.
- 85% of patients with dementia had their care reviewed in the last 12 months which was higher than the CCG average of 81% and the national average of 84%.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- Staff had a good understanding of how to support patients with mental health needs and dementia. All staff had been trained as 'Dementia Friends' and the practice was part of a local alliance looking to promote dementia friendly practices in the parish.
- The building was specifically designed to create a calm relaxed environment for patients with natural lighting and a non-clinical feel, which helped put patients who may be experiencing anxiety, putting them at ease.

Outstanding



Summary of findings

- One of the GPs had a special interest in childhood mental health and behavioural conditions. The practice was developing well-being programmes which focused on teenage health and two of its GPs had recently delivered a workshop to 200 head teachers alongside the local county council.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing consistently above local and national averages. Two hundred and twelve survey forms were distributed and 127 were returned. This represented 3% of the practice's patient list.

- 95% of patients who responded found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 70% and the national average of 73%.
- 96% of patients who responded were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 89% and the national average of 76%.
- 96% of patients who responded described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.

- 95% of patients who responded said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 82% and the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 11 comment cards which were all positive about the standard of care received. Patients said the service they received was excellent and described the staff as caring, helpful, friendly and polite.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Herstmonceux Integrative Health Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection was undertaken by a CQC inspector and a GP specialist adviser.

Background to Herstmonceux Integrative Health Centre

Herstmonceux Integrative Health Centre is situated in the village of Herstmonceux near the town of Hailsham, East Sussex. It serves approximately 4,200 patients living in Herstmonceux and surrounding villages. The health centre was purpose built by its owner and individual provider Dr John Simmons in order to provide a sustainable calm and relaxing environment for patients. Its design maximises natural light and reduces the impact on the environment.

The practice is owned and managed by an individual GP. In addition to the lead GP, they employ two part-time female salaried GPs. There are two practice nurses and a health care assistant. There is a practice manager and a team of administrative and reception staff. The practice is a training practice providing placements for GP registrars, who are fully qualified doctors gaining experience in general practice.

Data available to the Care Quality Commission (CQC) shows the practice serves a significantly higher proportion of patients over the age of 65 (23%) when compared to the national average (17%) although this is similar to the clinical commissioning group (CCG) average (26%). The proportion of patients under the age of 18 (19%) is similar

to the CCG average (19%) and the national average (20%). Income deprivation is significantly lower than the national average which means that the population is relatively affluent. The ethnicity is predominantly white English.

The practice is open from 8.30am until 1pm and 2.30pm until 6.30pm Monday to Friday. Extended access is available one Saturday per month for patients who cannot attend during normal working hours. Appointments can be booked over the telephone, on line or in person at the surgery. Between 6.30pm and 8.30am the telephone lines are covered by the out of hour's service. During the hours of 1pm and 2.30pm there is a mobile telephone number given to patients for contacting the practice's duty GP. Details about how to access the out of hour's service are made available to patients on the practice website, the practice leaflet or by calling the practice. The out-of-hours emergency cover is provided by Integrated Care 24.

The practice provides a full range of NHS services and clinics for its patients including smoking cessation, asthma, diabetes, cervical smears, childhood immunisations, family planning, minor surgery and new patient checks. One of the GPs also provides medical acupuncture. A community cardiology service is also provided from the health centre premises. The practice aims to provide integrative medicine and there is a range of complementary medicine available from independent practitioners who are based at the health centre. This includes a medicinal herbalist, acupuncturist, counsellor, osteopath and physiotherapist. Patients can also access a range of classes at the health centre which include tai chi, yoga, medicinal Pilates and meditation on a private basis.

The practice provides services from the following location:-
Herstmonceux Integrative Health Centre

Detailed findings

Hailsham Road

Hailsham

East Sussex

BN27 4JX

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 29 September 2016. During our visit we:

- Spoke with a range of staff which included the GPs, a practice nurse, the practice manager and administrative and reception staff
- 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.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, as a result of a significant event, the practice had implemented improved communication procedures with a local nursing home which involved staff at the nursing home phoning the practice and well as sending a fax with the details of any unwell patients that needed to be seen urgently by a GP. This helped ensure that unnecessary admission to hospital could be avoided where clinically appropriate.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to

their role. GPs were trained child safeguarding level three and the practice nurses were trained to child safeguarding level two. Administrative and reception staff had been trained to level one.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS)
- 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 policy in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor the use of hand written prescriptions. However blank prescription forms for use in printers were stored securely they were not tracked in accordance with national guidance. Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The health care assistant was trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed four 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 DBS.

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 carried out regular fire drills and fire alarms, extinguishers and emergency lighting were tested weekly. The practice had not undertaken a fire safety risk assessment since 2014; however we saw that one was booked for October 2016. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- Emergency medicines available in the treatment room. However, not all staff had received up to date basic life support training although we saw that all staff had training booked for October 2016.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line 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 the clinical commissioning group and used this information to deliver care and treatment that met patients' needs.

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 100% of the total number of points available which was above the clinical commissioning group (CCG) average of 95% and the national average of 95%. The exception reporting rate was 10% which was lower than the CCG average of 12% and in line with the national average of 10%. (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 2015/2016 showed:

- Practice performance against indicators for the management of long term conditions was better than the local and national averages. For example the percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 92% compared to the clinical commissioning group (CCG) average of 81% and the national average of 78%. The exception reporting rate was 9% compared to the CCG average of 16% and the national average of 10%.
- The percentage of patients with diabetes who had a record of a foot examination and risk classification within the preceding 12 months was 92% which was

similar to the CCG average of 91% and the national average of 89%. The exception reporting rate was 6% compared to the CCG average of 11% and the national average of 8%

- The practice performance for management of patients with poor mental health was similar to the local and national averages. For example, 85% of patients with severe and enduring mental health problems had a comprehensive care plan documented in their records within the last 12 months compared to the CCG average of 90% and the national average of 88%. The exception reporting rate was 16% compared to the CCG average of 20% and the national average of 13%
- The practice performance for the management of patients diagnosed with dementia was better than local and national averages. For example 85% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG average of 81% and the national average of 84%. The exception reporting rate was 7% compared to the CCG average of 7% and the national average of 7%.
- The percentage of patients with hypertension having regular blood pressure tests was in line with the local and national averages achieving 84% in comparison with the CCG average of 83% and the national average of 84%. The exception reporting rate was 5% compared to the CCG average of 6% and the national average of 4%

There was evidence of quality improvement including clinical audit.

- There had been two clinical audits undertaken in the last two years. One of these was completed audit where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improved recording, assessment and diagnosis of serious illness in children under five.

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. This covered such topics as safeguarding, infection prevention and control, fire awareness, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included on-going support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received mandatory training that included: safeguarding, fire safety awareness, infection control, health and safety and information governance. Not all staff had received up to date training on basic life support, however we saw that this was booked for October 2016. Staff had access to and made use of e-learning training modules and in-house training. There were regular protected training days for all staff facilitated by the clinical commissioning group.

Coordinating patient care and information sharing

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

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

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

Supporting patients to live healthier lives

The practice used proactive and innovative methods in supporting patients to live healthier lives in partnership with the local council and other community organisations. There was a truly holistic and integrative approach to assessing, planning and delivering care to patients using new evidence based approaches which combined conventional medicine with social prescribing. For example:-

- A national study relating to the efficacy of exercise in reducing the risk of certain cancers and dementia was discussed at a clinical meeting. As a result, the GPs decided that they would like to establish a programme to encourage patients to take more exercise, specifically targeting those who would derive the most benefit. The practice developed a programme of weekly health walks for its patients with the GP, in conjunction with representatives from a community development association and an organisation that promoted green open spaces for health. Patients attending the groups reported better sustained health, more vitality and enjoyment of the social interaction.
- After becoming aware of research that showed singing could dramatically improve lung function the practice

Are services effective?

(for example, treatment is effective)

established singing workshops which were held quarterly in conjunction with a local organisation for rural areas. Initially this was aimed at patients with chronic lung disease, asthma and respiratory issues but now incorporated patients with low self-esteem. One of the patients taking part in the workshops since 2014 who had chronic obstructive pulmonary disease, reported an improvement in blood oxygenation levels

- Health curiosity talks were held monthly for all patients to attend on a variety of health topics including nutrition and meditation.
- As part of its ethos of empowering health and wellbeing the practice had set up a patient library which enabled the GPs and practice to prescribe books, on medical conditions and health and well-being to patients, that they would otherwise suggest they read. Patients fed back that being able to take home the book and come back to discuss their thoughts with the doctor allowed them more autonomy and control over their health decisions and health outcomes.

The practice's uptake for the cervical screening programme was 87%, which was above the CCG average of 82% and the national average of 81%. 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. The percentage of

female patients between the ages of 50 and 70 years old who had breast screening in the preceding three years was 78%, which higher than the CCG average of 67% and the national average of 72%. The percentage of patients between the ages 60 and 69 years old of who had bowel screening in the preceding 30 months was 60%, which was in line with the CCG average of 60% and the national average of 58%. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 67% to 95% (67% to 95% CCG and 73% to 95% nationally) and five year olds from 66% to 95% (71% to 96% CCG and 83% to 95% nationally). Immunisation rates for mumps, measles and rubella (MMR) were 95% which was higher than the CCG average of 92% and national average of 91%,

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



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 designated private room for this purpose, to discuss their needs.

Feedback from patients who used the service was consistently positive about the way staff treated them. All of the 11 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 96% of patients who responded said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 97% of patients who responded said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 96% of patients who responded said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the to the national average of 95%.

- 94% of patients who responded said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 89% and the national average of 85%.
- 97% of patients who responded said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 94% of patients who responded said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. We saw that staff recognised and respected the totality of a patients needs and took account of the wider, social aspects and how that impacted on their health. Patient feedback from 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 above local and national averages. For example:

- 96% of patients who responded said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and the national average of 86%.
- 92% of patients who responded said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 86% and the national average of 82%.
- 91% of patients who responded said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

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



Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available in large font for those with a visual impairment.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. The practice placed as much importance of patients emotional and social needs as their physical needs and they promoted activities and social events to enable this, for example coffee mornings, the singing group and healthy walks with the doctor. Information about support groups and activities was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 66 patients as carers (2% of the practice list). The local carer's support organisation held weekly drop in sessions for carers at the health centre. Written information was also available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and offered them a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.



Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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 the practice had a GP lead for identifying vulnerable patients and those at risk of unplanned admission as part of local admission avoidance and vulnerable patient schemes. Detailed care plans were developed for these patients whose needs were regularly reviewed at monthly multidisciplinary meetings.

The involvement of other organisations and the local community was integral to how the practice planned its services and ensured that services met patients' needs. In 2014 the practice established 'Vitality Villages' as a platform to promote health within the local community. The aim of the group was to look at ways of connecting the community with their health and well-being and promote recreational activities within the area to the public, ensuring that all ages and genders were catered for. The group held a number of events including a community information day to promote community groups and clubs running in the parish. The group also ran an annual older persons day which included singing workshops, exercise classes, physiotherapy, crafts and a herbal medicine workshop. This had become an annual event. A week of health events for families including talks by nutritionists, a talk on cyber safety, singing workshop for families as well as first aid and defibrillator training was planned for November 2016.

There was a proactive approach to understanding the needs of different groups of patients which included those in vulnerable circumstances or who had complex needs. As part of the Vitality Villages initiative the practice had identified that 40% of its patients did not have access to the internet. It therefore felt it important to hold a monthly social event/coffee morning at the practice where patients, who were often vulnerable and living alone, could meet to socialise, attempt a quiz, listen to a speaker and eat a healthy cake, in a safe and nurturing environment. The practice regularly had 20-25 patients attending. A number of isolated and lonely patients that attended the group had taken up new health activities as a result of speakers and demonstrations that had been held at the coffee mornings.

There were a number of other examples that demonstrated how the practice had planned services to meet the need of different patient groups. For example:

- The practice provided monthly Saturday morning appointments and a dedicated flu clinic on a Saturdays for working patients.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- One of the GPs had a special interest in childhood mental health and behavioural conditions. The practice was developing well-being programmes which focused on teenage health and two of its GPs had recently delivered a workshop to 200 head teachers alongside the local county council.
- The practice had developed good links with the local primary, senior school and pre-school, hosting visits to the health centre and first aid sessions for the younger children. For the older children the practice hosted visits for sixth form pupils who had an interest in medicine and nursing
- The practice hosted a regular podiatry clinic provided by a national charity for the elderly which provided a service to the practice's older patients at a much reduced rate.
- The practice had a flexible appointment system, including after school hours appointments and Saturdays.
- Child immunisation appointments could be made at parent's convenience and not solely at the children's clinic.
- In response to patient feedback the practice offered asthma clinics in the school holidays to help enable young people to attend.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice provided information in larger font and there was a portable hearing loop for patients with sensory disabilities.
- There was a special raised seating area in the reception for patients with mobility issues and wheelchairs were available on both floors of the building.
- There was a lift to enable access for patients to services on both levels of the building. Wheelchairs were provided on both floors of the building.



Are services responsive to people's needs?

(for example, to feedback?)

- All staff had been trained as 'Dementia Friends' and the practice was part of a local alliance looking to promote dementia friendly practices in the parish.
- A weekly memory assessment and diagnosis clinic was held at the health centre for all local patients to negate the need for patients to travel.
- The building was specifically designed to create a calm relaxed environment for patients with natural lighting and a non-clinical feel, which helped put patients who may be suffering from anxiety at ease as well as promote a sense of well-being.
- The waiting room at the health centre was designed to be a family friendly waiting room with a special play area for children, baby changing facilities on both floors, wide corridors, large consulting rooms and breastfeeding space on request.

Access to the service

The practice was open from 8.30am until 1pm and 2.30pm until 6.30pm Monday to Friday. Extended access was available one Saturday per month for patients who could not attend during normal working hours. Appointments could be booked over the telephone, on line or in person at the surgery. In addition to pre-bookable appointments that could be booked up to 12 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 above local and national averages.

- 85% of patients who responded were satisfied with the practice's opening hours compared to the CCG average of 79% and the national average of 79%.
- 95% of patients who responded said they could get through easily to the practice by phone compared to the CCG average of 70% and to the national average of 73%.

Patients told us that they were able to get appointments when they needed them.

The practice had a system in place to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system. A comments and complaints leaflet was available at reception and information could be found on the practice website.

We looked at five complaints received in the last 12 months and found these were satisfactorily handled and dealt with in a timely way. Lessons were learnt from individual concerns and complaints and action was taken to as a result to improve the quality of care. For example, as a result of a complaint the practice changed its procedures in relation to gaining consent for the administering of childhood immunisations.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

The practice had an inspiring vision to be a dynamic, pioneering health centre promoting integrative medicine to deliver sustainable health for the future. There was a strongly held ethos based on empowering patients to achieve their health goals through a number of different social prescribing and community based schemes. The practice strongly believed in the need to address the wider social and lifestyle and community aspects of their patients' health. This vision and ethos was evident in the design and structure of the building, the services the practice provided, partnership working with other organisations and the values and behaviours of its staff.

The practice had a clear mission statement which was displayed in the waiting areas and staff knew and understood the values and had been involved in its development. The practice had a robust business plan with clear goals for the future which reflected the vision and values. These were challenging and innovative while remaining achievable. For example, to use the practice's electrical vehicle to provide affordable and sustainable transport for the practice's rural patients who often found it expensive and restrictive to use the local taxi companies. The business plan goals were regularly monitored and updated.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. There were structures and procedures in place which 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 was a clear structure of meetings in place to govern the practice's business which included separate monthly clinical, administration and management meetings.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a systematic approach to working with other organisations to improve care outcomes and address the wider social and lifestyle and community aspects of their patients' health. For example with the establishment of 'Vitality Villages' and a wide range of social prescribing initiatives.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. The practice had an inspiring shared purpose which was to provide safe, high quality and compassionate care that was integrative, sustainable and delivered in partnership with the community. This purpose was engrained in the culture of the practice and was clearly evident in discussions from staff and from the design and feel of the purpose built premises. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. They told us that they received an annual complementary session with one of the alternative therapists working at the health centre and that the practice organised and paid

Are services well-led?

Outstanding



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

for a Christmas and summer social event for staff. 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.

- There was a spacious staff area with separate toilets and shower facilities for staff to use.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the practice's vision to provide integrated, holistic care to patients.
- Staff had been involved in the development of the practice's mission statement and vision.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, as a result of feedback from the PPG the practice had installed cooled drinking water dispensers on both of its floors. Saturday morning clinics with the GPs and nurses had also been

established in response to PPG feedback. The PPG was very engaged and had influenced practice development for example in the design and development of the health centre premises.

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. It was innovative and proactive in its approach to integrative care and worked closely with the community to meet the needs of the local population and improve their health and well-being through the Vitality Villages initiative. The practice was proactive in its approach to seeking evidence based research and implementing it to improve patient well-being particularly in relation to addressing the impact of wider social issues on patient' health. There was a strong emphasis of learning and development and the practice was proud of the fact it was a training practice. The lead GP had set up a practice book club for all staff, including trainee GPs to discuss and read recently published research papers or an interesting health book that could benefit patients. This promoted discussion and learning and a growing number of trainee doctors chose to remain part of the club after their placement at the practice had ended.