

Dr Ian Allsebrook

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Ian Allsebrook practice 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. There was a risk register in place with various health and safety risk assessments carried out and reviewed on a regular basis.
- 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.
- The practice employed a care coordinator to deliver care plans for older patients and those who were vulnerable.
- All patients diagnosed with dementia had a care plan in place which was reviewed on a regular basis.
- 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 offered an open access clinic for on the day, routine appointments on a daily basis.
- 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.

Summary of findings

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, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.
- There was a 'safeguarding' information board available for all practice staff to ensure they were provided with up to date safeguarding information on various safeguarding topics.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed some patient outcomes were at or above average for the locality and compared to the national average. Where the practice were outliers for outcomes such as Diabetes, evidence showed that improvements had already been made in comparison to 2014-15 performance.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. All staff groups were involved in clinical audit processes.
- 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 multi-disciplinary teams to understand and meet the range and complexity of patients' needs.
- GPs provided monthly in-house educational sessions to members of the nursing team.
- Members of the nursing team received regular clinical supervision sessions.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Members of staff had received customer centred care training.
- 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.
- The practice provided a bereavement service to patients, relatives and carers who had suffered bereavement.
- The practice held a register of patients who were carers. The practice provided regular tea/coffee mornings for carers.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice employed the services of locum GPs to ensure adequate access to appointments for patients.
- The practice had recently employed an additional nurse practitioner which provided additional appointments for patients to improve access.
- The practice employed a care coordinator to work specifically with older patients and ensured care plans were implemented and reviewed on a regular basis.
- The practice provided an 'open access' appointment system for on the day appointments as well as pre-bookable routine appointments.
- 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.
- The practice had access to 'Language Line' interpreter services for patients whose first language was not English.

Good



Summary of findings

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 which was on display in areas of the practice. Staff were clear about the vision and their responsibilities in relation to this.
- The practice had a five year business plan in place which included timeframes for completion of areas of improvement.
- There was a clear leadership structure and staff felt supported by management.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active and keen to develop their role.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- 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 employed a care coordinator to give additional support and ensured care plans were implemented and reviewed on a regular basis for older people. The care coordinator also visited patients who resided in care and nursing homes to review care plans.
- All housebound patients had a care plan in place which was reviewed on a regular basis.
- At the time of our inspection the practice were working towards the achievement of a carer's award.

Good



People with long term conditions

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

- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multi-disciplinary package of care.
- The practice held regular palliative care meetings to review patient's needs.
- The GPs provided regular clinical support to patients who resided in a local hospice.
- The practice participated in an admissions avoidance scheme and delivered personalised care plans and regular reviews for patients with a long term condition with a view to deliver more personalised care and to reduce emergency or unplanned hospital admissions.

Good



Families, children and young people

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

Good



Summary of findings

- 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 childhood immunisation clinics.
- The practice's uptake for the cervical screening programme was 80.2% which was comparable to the CCG average of 80.9%.
- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working and the practice held regular meetings with midwives, health visitors and school nurses.
- The practice provided weekly midwifery led clinics.
- The practice provided smoking cessation advice clinics.

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.
- The practice was proactive in offering online services such as ordering repeat prescriptions appointment booking and viewing patient summary care records as well as a full range of health promotion and screening that reflects the needs for this age group.
- The practice participated in an electronic prescribing service.
- The practice offered a text reminder service for booked appointments.
- The practice offered telephone consultations for patients who were unable to attend for an appointment.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers, those with a learning disability and those suffering domestic violence.

Good



Summary of findings

- The practice offered longer appointments for patients with a learning disability. The practice held a register of patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice was a member of a local group 'Dementia Action Alliance' who promoted identification of dementia within the local area and attended regular meetings with this group.
- The practice ensured care plans were in place for all patients who suffered poor mental health.
- The practice worked closely with local mental health teams with a view to providing in-house clinics for patients suffering poor mental health in familiar surroundings.
- The practice participated in a South West Lincolnshire Clinical Commissioning Group (SWLCCG) 'dementia diagnosis care home project' and employed a care coordinator to visit patients who resided in local care and nursing homes to improve diagnosis of dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had attended mental capacity awareness training.
- All practice staff had received 'Dementia Awareness' training.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 2 July 2015. The results showed the practice was performing above local and national averages. 319 survey forms were distributed and 123 were returned. This represented a 38.6% uptake rate.

- 94.5% found it easy to get through to this surgery by phone compared to a CCG average of 72.5% and a national average of 73.3%.
- 90.1% were able to get an appointment to see or speak to someone the last time they tried (CCG average 85.8%, national average 85.2%).
- 90.9% described the overall experience of their GP surgery as good (CCG average 83.2%, national average 84.8%).

- 83.7% said they would recommend their GP surgery to someone who has just moved to the local area (CCG average 76%, national average 77.5%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 23 comment cards which were mostly positive about the standard of care received. Patients told us they felt listened too and that practice staff were caring and professional.

We spoke with three patients during the inspection. All three patients said they were happy with the care they received and thought staff were approachable, committed, caring and understanding. Patients also told us they felt listened too and were treated with dignity and respect.

Dr Ian Allsebrook

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, a second CQC inspector, a practice nurse specialist advisor and a practice manager specialist advisor.

Background to Dr Ian Allsebrook

Dr Allsebrook also known as The Harrowby Lane Surgery provides primary medical services to approximately 5,346 patients in Grantham, South West Lincolnshire. The practice also provides services to patients residing in eight residential care and nursing homes in the surrounding area.

Dr Allsebrook's practice is registered with the Care Quality Commission to provide the regulated activities of; the treatment of disease, disorder and injury; diagnostic and screening procedures; family planning, maternity and midwifery services and surgical procedures.

At the time of our inspection the practice employed one GP partner and one salaried GP, an advanced nurse practitioner, a nurse practitioner, a practice nurse and two health care assistants. They are supported by a practice manager, assistant practice manager, a secretary and four reception staff. The surgery is open from 8am to 6.30pm Monday to Friday. An 'open surgery' is provided from 8am until 10.30am Monday to Friday for routine, on the day appointments.

The practice has a Personal Medical Services (PMS) contract. The PMS contract is the contract between general practices and NHS England for delivering care services to local communities.

The practice has a higher distribution of patients between the ages of 15 and 64 years of age.

The surgery is purpose built in 2003, spacious, and is of two storey construction, providing good access to patients and carers. A separate waiting area on the first floor is provided for patients who are visiting the nursing staff. Sufficient car parking is available and some bays close to the entrance doors are designated for the use of patients with restricted mobility. The premises has adequate disabled facilities and a lift.

The practice has one location registered with the Care Quality Commission (CQC) which is Dr Ian Allsebrook (also known as The Harrowby Lane Surgery), Harrowby Lane, Grantham, Lincolnshire, NG31 9NS.

The practice operates an advanced access appointment system which enables patients to book a routine appointment up to eight weeks in advance. In addition to pre-bookable appointments that can be booked in advance, urgent appointments are also available for people that need them. The practice offers on-line services for patients such as on-line appointment booking, ordering repeat prescriptions and viewing patient summary care record.

The practice has an active patient participation group (PPG) who meet every two months, the practice also has a virtual PPG who communicate by email.

Detailed findings

Why we carried out this inspection

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

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

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 14 January 2016. During our visit we:

- Spoke with a range of staff including a GP, practice manager, practice nurse and members of the reception and administration team.
- Spoke with patients who used the service.
- Spoke with members of the patient participation group.
- Observed how patients were being cared for and talked with carers and/or family members

- Reviewed 23 comment cards where patients and members of the public shared their views and experiences of the service.'

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

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

During our inspection we looked at 21 significant events (SEAs) raised between April 2014 and October 2015. All significant event forms reviewed were dated and included details of multi-disciplinary discussion, lessons learned and actions agreed. We saw evidence that members of staff had signed SEA forms to acknowledge that the SEA had been discussed and lessons learned shared with staff. We saw evidence of meeting agendas which showed us that significant events were a standing item on practice meetings. Staff told us significant events were discussed in practice meetings. Staff were invited to attend and lessons learned were shared with all staff present to make sure action was taken to improve safety in the practice. We saw evidence of minutes of meetings which included discussions of significant events. Staff told us that serious incidents were discussed immediately. We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed.

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

Clinical staff received alerts from the Medicines and Healthcare products Regulatory Agency (MHRA) directly by email. We saw evidence that clinical staff signed that they had read and understood alerts.

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. All non-clinical staff were trained to Safeguarding level 1, GPs were trained to Safeguarding level 3.
- The practice had a discreet and effective system in place to alert clinical staff via the electronic patient care record of any patients who were either vulnerable, had safeguarding concerns or suffered with a learning disability. We saw evidence of this during our inspection.
- During our inspection, we saw a 'safeguarding' notice board for all members of staff which held up to date information regarding various safeguarding topics which included child sexual exploitation, information on how to make a safeguarding referral, local safeguarding team contact numbers and information regarding female genital mutilation.
- 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 including consulting rooms 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. The lead attended regular link practitioner meetings, we saw evidence of minutes of these meetings dated June and September 2015.
- We saw evidence of a daily, weekly and monthly cleaning plan which was completed by the domestic staff. All medical couches and clinical equipment was cleaned on a daily basis, we saw evidence that a bright

Are services safe?

coloured sticker was placed on all items once cleaned which recorded the date and time the item was cleaned. There was an infection control protocol in place and we saw evidence that all practice 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. During our inspection we saw that clinical waste was stored appropriately.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). We saw evidence that a monthly stock check was carried out of all vaccinations. 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.
- There was a robust policy in place for the collection of controlled drugs prescriptions to ensure safe practices were followed when prescribing controlled drugs. All patients were required to sign for receipt of these prescriptions and show proof of identification upon collection. Patients were able to complete a form to give authorisation for a nominated individual to collect their prescription on their behalf. Members of staff who issued a controlled drug prescription were required to complete a collection form which was then scanned onto the patient care record as proof of collection.
- Prescription forms were securely stored and there were systems in place to monitor their use. Staff were responsible for recording batch numbers of all blank prescriptions when issued to a clinician or put back into the locked storage cupboard on a daily basis. We saw evidence of these records during our inspection. There was a policy in place for uncollected prescriptions by patients. If a patient did not collect their prescription, a note was recorded on their patient care record to alert a G.P.A member of the reception team alerted a GP if an urgent medication was not collected by a patient.
- Two of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. Both nurses received mentorship and support from the medical staff for this extended role.

- Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. The practice had a system for 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 saw evidence that all PGDs were available on-line for practice staff to refer to.
- 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.

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 comprehensive health and safety policy available for staff, we observed that this policy was in date. There was also a poster in the reception office which identified local health and safety representatives. The practice manager was the lead for health and safety. The practice also ensured there was a trained first aider in place.
- The practice had a risk register in place, we saw evidence of 18 risk assessments during our inspection such as to monitor the safe storage of gas cylinders and safety for lone workers when carrying out a home visit. 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). We saw evidence of a certificate provided by an external contractor to evidence that routine water sample testing had been carried out to ensure the prevention of Legionella.
- The practice had an up to date fire risk assessment in place and we saw evidence that the practice carried out

Are services safe?

regular fire drills. The practice had two trained fire marshalls. The practice manager was a lead for fire safety. All risk assessments had been reviewed at least annually.

- The practice manager had completed a Level 3 'Highfield Awarding Body for Compliance (HABC) in 'Health and Safety in the Workplace' training programme and we saw evidence that this training was reflected in comprehensive health and safety processes within the practice.
- We saw evidence that all members of staff had undertaken a display screen equipment (DSE) assessment.
- All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. Electrical items were last checked in April 2015. Clinical equipment was last checked in April 2015.
- 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. The practice manager reviewed capacity and patient demand daily and appointments were flexed accordingly to ensure demand was a priority. We saw evidence of staff rotas during our inspection.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available. We saw evidence that all emergency equipment was checked on a daily basis.
- 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.
- Spillage kits were provided to deal with the spillage of bodily fluids such as urine, blood and vomit.
- The practice had a comprehensive business continuity plan in place dated July 2015 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 used this information to deliver care and treatment that met peoples' needs. NICE guidance was also discussed in regular meetings. We saw evidence that staff signed that they had read and understood these updates.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 89.5% of the total number of points available, with 4.2% exception reporting. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). This practice was an outlier for some areas of QOF such as for diabetes. However, the practice were aware of this and had actively targeted these outlying areas and had recruited an additional nurse practitioner to help improve these outcomes. We saw evidence during our inspection that QOF indicators had shown improvement during 2015-16 for diabetes compared to 2014-15 performance data. Data from 2014-15 showed;

- Performance for diabetes related indicators was 64.3% which was lower than the CCG average of 91.6% and national average of 89.2%.
- The percentage of patients with hypertension having regular blood pressure tests was 81.6% which was lower than CCG average of 82.6% and the national average of 83.65%.

Clinical audits demonstrated quality improvement.

- There had been 23 clinical audits completed in the last two years, some of these were completed audits where the improvements made were implemented and monitored. For example, a full cycle audit had been carried out to review the appropriateness of the coding and identification of patients who were diagnosed with dementia. The first cycle audit was carried out in November 2014 and a second cycle audit was carried out in October 2015. The results of the second audit highlighted consistently high levels of appropriate read coding for patients who were diagnosed with dementia.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve services.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality. We saw evidence of an induction and recruitment policy during our inspection and a comprehensive staff handbook was in place.
- 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. A member of the nursing team was due to attend a cervical smear sample taking course in March 2016. A practice nurse had recently been enrolled on a Practice Nurse Diploma course which was University based, she was due to start this training programme in September 2016. Staff who administered vaccinations 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. During our inspection we saw evidence that all members of staff had received an appraisal within the last 12 months. All staff were expected to complete a self-appraisal prior to appraisal.

Are services effective?

(for example, treatment is effective)

All non-clinical staff received an appraisal from the practice manager. All members of the nursing team and the practice manager received an annual appraisal by a GP. 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.

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

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Information such as NHS patient information leaflets were also available.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

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

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.

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

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.
- Diet advice was provided on the premises by members of the nursing team and smoking cessation advice was available in-house.

The practice's uptake for the cervical screening programme was 80.15%, which was slightly below the national average of 81.83%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and diabetic eye screening. The practice's uptake for the bowel cancer screening programme was 60.6% which was comparable to the CCG average of 60.8%. The practice's uptake for the diabetic eye screening programme was 83.3% which was comparable to the CCG average of 83.3%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 93.2% to 98.6% and five year olds from 91.7% to 97.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. At the time of

Are services effective? (for example, treatment is effective)

our inspection, 46.6% of patients who were offered a NHS health check had a health check completed. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- We saw evidence that all members of staff had signed a confidentiality agreement.
- We saw evidence that some members of staff had received customer centred care training in August 2015, which focussed on treating patients with dignity, care and respect.

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

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

- 89% said the GP was good at listening to them compared to the CCG average of 89.5% and national average of 88.6%.
- 90.5% said the GP gave them enough time (CCG average 86.8%, national average 86.6%).

- 96.6% said they had confidence and trust in the last GP they saw (CCG average 95.4%, national average 95.2%)
- 87.5% said the last GP they spoke to was good at treating them with care and concern (CCG average 86.1%, national average 85.1%).
- 96.1% said the last nurse they spoke to was good at treating them with care and concern (CCG average 91.9%, national average 90.4%).
- 96.2% said they found the receptionists at the practice helpful (CCG average 88.1%, national average 86.8%)

Care planning and involvement in decisions about care and treatment

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

Results from the national GP patient survey showed patients responded positively to questions about their involvement in planning and making decisions about their care and treatment. Results were above local and national averages. For example:

- 87.7% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 85.4% and national average of 86%.
- 84.9% said the last GP they saw was good at involving them in decisions about their care (CCG average 79.7%, national average 81.4%)
- 88.5% said the last nurse they saw was good at involving them in decisions about their care (CCG average 84.7%, national average 84.8%)

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.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations. This included, but was not limited to, Parkinsons, Breaststart and Addaction and a family support evening.

The practice's computer system alerted GPs if a patient was also a carer. The practice had a carers register in place, 0.36% of the patient list were registered as a carer. Written information was available to direct carers to the various avenues of support available to them. Carer's information

packs were available in the patient waiting area. The practice held regular coffee mornings for carers and the practice were also working towards achievement of a 'carer's' award.

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

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

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

- The GPs provided regular clinical support to patients who resided in a local hospice.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately/were referred to other clinics for vaccines available privately.
- There was directional signage in the practice for patients. Name plates were provided on all consulting room doors.
- There was a lift provided for patients.
- There was a separate waiting room on the first floor for patients who were visiting members of the nursing team.
- Hand railing was provided on stairwells for patients to ensure their safety.
- There was adequate car parking spaces available and cycle racks for patients.
- There were disabled facilities which included disabled car parking spaces and a disabled toilet. Automated doors were in place for ease of access to the premises.
- A hearing loop and translation services were available.
- There was a TV screen in the waiting room providing patients with health promotion information.
- There were baby changing facilities available.
- Toys and reading books were provided in the waiting room for children, magazines were provided for adults.
- There was a text reminder service available to remind patients of their appointment date and time.
- There was an electronic call board system in the waiting room to call patients through for their appointment.
- A wheelchair was available for patients who wished to use this.

- The reception desk had a separate reception desk access point for prescription collection and queries only to reduce waiting times at the reception desk.
- Hand sanitizer gels were provided throughout the practice for staff and patients to use.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. An 'open access' appointment system was available from 8am until 10.30am for on the day, routine appointments, Monday to Friday. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for people that needed them.

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

- 74.2% of patients were satisfied with the practice's opening hours compared to the CCG average of 73.3% and national average of 74.9%.
- 94.5% patients said they could get through easily to the surgery by phone (CCG average 72.5%, national average 73.3%).
- 78.8% of patients described their experience of making an appointment as good (CCG average 72.9%, national average 73.3%).

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.
- 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.

We looked at six complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. The practice had a complaints policy in

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

place and information was available to patients to advise them on how to make a complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a five year business plan in place. We saw that this was on display in staff areas to ensure all practice staff were aware of the future plans for the practice.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities
- Practice specific policies were implemented and were available to all staff, we looked at twelve policies during our inspection which included safeguarding children, health and safety, business continuity, collecting controlled drug prescriptions, whistleblowing, chaperone and dissemination of drugs alerts policies. All policies we looked at were in date and reviewed on a regular basis.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- There was a staff information board on display which gave information and advice on various processes within the practice which included whistleblowing,

incident reporting, location of the accident book, safeguarding and drug and MHRA alerts and processes. Staff we spoke with told us they found this information informative and useful.

Leadership and culture

The GP partner, GPs and practice management team had the experience, capacity and capability to run the practice and ensure high quality care and prioritised safe, high quality and compassionate care. The GP partner and practice management team was visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff.

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

When there were unexpected or unintended safety incidents:

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

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

- Staff told us the practice held regular team meetings. We saw evidence that the practice also held regular clinical, reception, business and nurse team meetings. Various topics were discussed which included significant events, carers coffee mornings, access and appointments and referral processes.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident in doing so and felt supported if they did.
- Staff said they felt respected, valued and supported, particularly by the partner in the practice. All staff were involved in discussions about how to run and develop the practice, and the partner encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

Are services well-led?

Good 

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

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 recently set up a new patient participation group (PPG), which had met twice at the time of our inspection. We saw evidence of meeting minutes during our inspection. One of the aims of the PPG was to carry out a patient survey to be completed in 2016. The practice also had a virtual PPG in place with 134 members and the practice communicated to this group by email and through regular coffee mornings held in the practice. The PPG also provided suggestions for topics for the practice newsletter.
- An additional nurse practitioner was recruited in November 2015 following suggestion from the PPG and also from feedback received from patients, including feedback received from the friends and family test. This provided an additional 52 pre-bookable appointments per week with an aim to reduce waiting times for nurse appointments.

- There was a suggestion box located in the patient waiting area to promote feedback and suggestions from patients.

Continuous improvement

There was a strong 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.

The practice had recently employed new members to the practice nursing team and ensured their continuous professional development by arranging role specific training such as cervical smear sample taking training and also a Practice Nurse Diploma course which was due to commence in September 2016.

The practice had a five year plan in place which included a plan to expand the surgery due to a number of proposed housing developments within the area which could lead to a possible increase in the patient list size. There was also a plan in place to carry out a full re-décor of the premises which included the replacement of carpeted areas with appropriate flooring.

There was a plan in place to work in collaboration with the practice nursing team to improve disease management clinics for patients.