

Colne Medical Centre

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

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	7
What people who use the service say	12
Areas for improvement	12

Detailed findings from this inspection

Our inspection team	13
Background to Colne Medical Centre	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Colne Medical Centre on 11 October 2016. Overall the practice is rated as good.

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

- Staff members knew how to raise concerns, and report safety incidents. Safety information was recorded and any learning identified was shared with staff members.
- Risks to patients and staff members were assessed and documented regularly including those associated with; premises, equipment, medicines, fire safety, and infection control.
- Patient care and treatment was planned using recommended current clinical guidance.
- Patient comments were enthusiastic and positive about the practice.
- The practice patient participation group (PPG) could demonstrate their involvement with practice development.
- Information regarding how to complain was available at the practice and on their website.

- Patients told us there were urgent appointments available on the day they requested.
- The practice had appropriate facilities and equipment to treat patients and meet their health and treatment needs.
- Staff members told us they were supported in their working roles by the practice management and the GPs.
- Prescriptions waiting to be collected were not stored securely.
- The dispensary processes and procedures were suitable to keep people safe. However staff members including the four nurses we spoke with could not tell us what to do if the refrigerators they were monitoring were found outside the limits of cold storage medicines.
- The leadership structure was clear and staff felt supported by management.

The areas where the provider should make improvements:

- Ensure prescriptions waiting to be collected are stored securely.

Summary of findings

- Ensure all staff members recording the temperature of refrigerators know what to do if they find them outside the limits for cold storage of medicine.

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 arrangements in place to raise concerns, and report safety incidents. Incidents and lessons learned whilst investigating incidents were shared with staff members at practice meetings.
- When things went wrong patients received an explanation or apology when appropriate.
- The practice had developed processes to keep people safe and safeguarded from abuse.
- Risks to patients were assessed and managed, these included premises, equipment, medicines, and infection control.
- Prescriptions waiting to be collected were not stored securely.

Dispensary procedures kept people safe. However we found not all staff members including the nurses knew what to do if the refrigerators were outside the limits for cold storage of medicine.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data showed patient outcome averages were above local and national practices.
- Patient care was planned and provided in a way that reflected best practice and followed recommended current clinical guidance.
- Staff had the skills, local community knowledge, and experience to deliver effective care and treatment in a primary care environment.
- Clinical audits undertaken at the practice showed that GPs used the information to improve the practice service quality and patient outcomes.
- Arrangements were in place for staff to receive supervision and appraisals.
- Meetings with multidisciplinary teams supported staff members to understand and meet the varied complexities of people's needs.

Good



Are services caring?

The practice is rated as good for providing caring services.

- Data from the 'National GP Patient Survey' published July 2016 showed patients rated the practice higher than other local and national practice averages for numerous aspects of satisfaction.

Good



Summary of findings

- Patients told us they were treated with compassion, dignity, and respect. They also told us they were involved in decisions about their care and treatment. This was in line with the GP patient survey results.
- We saw staff members behave respectfully, and considerately, ensuring they maintained patient information confidentiality.
- Information for patients about the services available at the practice and on their website this was easy to understand and accessible.

The practice recognised patients who were carers on their computer records, the number identified was, 125 and this equated to 1.2% of the practice population.

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 the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a GP and had continuity of care. We were also told urgent appointments were available on the same day requested.
- The practice had good facilities and was well equipped to treat patients and meet their various health needs.

Information about how to complain was available in the practice and on their website. They had received four complaints in the last year; we saw they had been well managed.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care, and promote good outcomes for patients. Staff members knew the practice vision and their role in relation to it.
- There was a clear leadership structure and staff told us they felt supported by management.
- The practice had policies and procedures to govern activity and held regular meetings where changes to their policies and procedures were discussed.
- The GPs promoted a culture of openness and honesty, and the practice procedures to manage notifiable safety incidents, was shared with staff members to keep them well informed.

Good



Summary of findings

- The practice sought feedback from staff and patients, which was used for development and improvement work. The patient participation group (PPG) actively supported the practice by offering their opinions and advice when requested.

There was a strong focus on continuous learning, development of services, and improvement at all levels; this was evidenced in staff records, patient satisfaction and the quality of work.

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 was responsive to the needs of older people, and offered them home visits and urgent appointments when needed or requested. The practice employed a senior nurse to specifically provide home visiting to frail elderly patients to provide blood pressure check, dementia reviews, flu vaccinations, ear syringing, diabetes reviews and hospital admission avoidance reviews to this population group.
- All older people had a named GP assigned to them and informed who this was.
- GP written alerts ensured patient treatment reviews were not missed.
- A standing agenda item during the palliative care meetings was to discuss frail patients to understand patients that could be deteriorating. These discussions ensured patients in the final year of their life had agreed treatment plans recorded with patients' wishes.
- Senior health checks were booked and offered to patients, on an ad hoc basis to maximise the uptake.
- The premises were wheelchair accessible, there were downstairs clinical rooms and there was a lift to access the first floor clinical rooms.

The branch surgery building was all on one level.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.

Diabetic quality data from 2015 to 2016 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c is 64 mmol/mol or less in the preceding 12 months, was 73% (local practices 75% and nationally 79%).
- The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) is 140/80 mmHg or less was 82% (local practices 78% and nationally 77%).

Good



Summary of findings

Other services provided by the practice for this population group were:

- Longer appointments and home visits when needed.
- A named GP and a structured annual review to check their health and medicine requirements were being maintained and met.
- A patient's named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.
- The practice nurses had received specialist training in diabetes, asthma, and chronic obstructive pulmonary disease, to support the GPs manage long term condition patients.
- GP written alerts were designed to ensure patient's received the blood tests, and diagnostic checks required before repeat prescriptions were provided.
- There was a practice based blood taking service to support patients in this population group that would struggle to access local hospital blood taking clinics.

Regular drug monitoring searches were undertaken for patients taking high risk medicine and medicines that required extra monitoring. This ensured patients' conditions could be kept stable when taking these medicines.

Families, children and young people

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

- There were systems in place to follow up children living in disadvantaged circumstances or at risk; for example, children and young people who had experienced a high number of A&E attendances.
- Immunisation rates were high for all standard childhood immunisations in comparison with practices locally and nationally.
- Parents of children we spoke with told us they were treated in an age-appropriate manner; that questions were encouraged, and easy to understand language was used during consultations to explain treatment.
- Patients aged 25-64, attending cervical screening within the target period of 3.5 or 5.5 years coverage was .
- Appointments were accessible outside school hours.
- We were told by the practice nurses there was positive joint working with community professionals; for example space for the community midwives providing regular clinics. The GPs provided post-natal and six week baby checks.

Good



Summary of findings

- On-line appointments were available for both advanced and on the day appointments.

The practice told us they ensured all babies, children and young people were seen on the day, this included a number of urgent appointments available each afternoon.

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 at the practice and they had adjusted the services offered to ensure they were accessible, flexible and provided continuity of care.
- Although the practice did not offer extended hours they did offer on-line services to support working patients and telephone consultations both morning and afternoon. Those that had requested the service received text messages regarding the results of any tests they had received. These telephone details were checked with patients when they received their test to check they were correct.
- There was a full range of health promotion and patient screening that reflected the needs of this population group.
- Private employment medicals and insurance reports were available, to support patients that required them for work.

The ability to book on-line appointments and request repeat prescription services gave patients access when needed so they could arrange their time around their health requirements.

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 clinical members of staff worked with other health care professionals in the case management of vulnerable patients. They worked closely with local care homes to provide, treatment planning, and home visits when needed.
- The practice had identified 109 patients living in vulnerable circumstances this included those with a learning disability, homeless people or travellers.
- There were 46 patients identified by the practice as living with a learning disability and they had all been offered an annual assessment and health check. The practice also offered longer appointments for patients with a learning disability.

Good



Summary of findings

- The practice provided information to vulnerable patients about how to access various support groups and voluntary organisations.

Staff knew how to recognise the signs of abuse in vulnerable adults and children. They were aware of their responsibilities concerning the sharing of information and the documentation of safeguarding concerns. The practice safe guarding policy set out the details about how to contact the relevant local agencies during normal working hours and out of hours for staff members.

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).

Mental health quality data from 2015 to 2016 showed, the practice performance was higher than the national and local practice averages for example:

- 87% of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months (compared with 76% locally and 78% nationally).
- 83% of patients diagnosed with dementia that had their care reviewed in a face to face meeting in the last 12 months at the practice, (compared with 73% locally and 72% nationally).

Other services provided by the practice for this population group were

- Working with multi-disciplinary teams in the case management of patients experiencing poor mental health, and included those with dementia.
- The practice had told patients experiencing poor mental health how to access various support groups and voluntary organisations such as 'Health in Mind' and 'IAPT' services.
- The practice followed up patients who had attended accident and emergency that may have been experiencing poor mental health.
- Staff had an understanding of how to support patients with mental health needs and dementia.
- Patients with mental health issues had an appropriate GP written alert placed on their records; this allowed staff members to recognise any extra needs these patients needed.
- The practice told us they offered patients in this population group on the day appointments to ensure patients in mental health crisis could access a clinician and receive the support they needed.

Good



Summary of findings

Practice staff members told us they would find a suitable quiet area for patients to wait if they were feeling anxious, depressed, or too unwell to wait in a busy waiting room.

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 higher than local and national averages.

220 survey forms were distributed and 122 were returned. This represented a 55% response rate compared against the national response rate of 38%.

- 96% of patients who responded found it easy to get through to this practice by phone (compared with locally 71% and nationally 73%).
- 92% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with locally 84% and nationally 85%).
- 92% of patients described the overall experience of this GP practice as good (compared with locally 72% and nationally 73%).
- 91% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with locally 75% and nationally 78%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 38 comment cards which were all overwhelmingly positive about the standard of care patients received. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the practice services provided.

We spoke with four patients during the inspection. All four patients voiced their satisfaction with the care they received and thought staff members were approachable, committed, compassionate and caring. A health care provider working at the practice on the day of inspection delivering diagnostic testing told us, they had excellent communication with the practice staff and that the room they were provided was clean, hygienic and suitable to keep people safe during examination.

Areas for improvement

Action the service **SHOULD** take to improve

- Ensure prescriptions waiting to be collected are stored securely.
- Ensure all staff members recording the temperature of refrigerators know what to do if they find them outside the limits for cold storage of medicine.

Colne Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector the team included a GP specialist adviser.

Background to Colne Medical Centre

Colne Medical Centre has a main surgery in Brightlingsea and a branch surgery in Alresford to approximately 10168 patients. The practice population live in the Brightlingsea, Alresford and surrounding rural areas. They hold a General Medical Service (GMS) contract for the services they provide. The practice provides a dispensing service open daily from their branch practice to 912 patients this equates to 9% of their patient population. They are well-established and have been a training practice for 23 years, helping qualified doctors, known as registrars, complete the final stages of their GP Training. Deprivation is low in the practice area in comparison with other local and national GP practices.

The practice is registered as a partnership of four male GPs. The GPs are supported by two female nurse practitioners, two female practice nurses, three female healthcare assistants and one female Phlebotomist. The dispensary team comprises two part time dispensers. The management and administration staff comprised a practice manager and twelve other staff with a range of roles, secretaries, scanners, audit clerks, administrators and receptionists. The staff members work a combination of full and part time hours.

The main practice opening hours are from 8am to 12.30pm closed for lunch and then open again from 1.30pm to 6pm.

There is an open surgery each morning from 8.30am to 10am and some bookable appointments for the GP registrar's each morning. There are pre-bookable appointments, with some urgent appointments available on the day. There are also emergency and telephone call appointments available by request. The branch practice opens Monday, Tuesday, Thursday and Friday from 3pm to 5pm and on Wednesday from 8.30am to 10.30am.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment are advised to contact the out of hour's service which is provided by Care UK.

Why we carried out this inspection

We carried out a comprehensive inspection of Colne Medical Centre 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 practice was 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 held about the practice and asked other organisations to share what they knew. We carried out an announced visit on 30 August 2016. During our visit we:

Detailed findings

- Spoke with a range of staff, the practice manager, the GPs, nurse practitioners a practice nurse, a healthcare assistant, the practice manager, dispensing staff members, administrative staff members, receptionist/data clerks, and external NHS healthcare professionals holding a clinic at the practice on the day. We also spoke with patients and members of the patient participation group on the day of inspection.
- Observed how patients were spoken to or their carer's and/or family members.
- Reviewed processes and procedures developed to keep patients safe.
- Reviewed comment cards where patients and members of the public had shared their views and experiences of the practice.

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

- Is it safe?
- Is it effective?
- Is it caring?

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

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

The population groups are:

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

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

Are services safe?

Our findings

Safe track record and learning

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

- The practice management led on this process within the practice, and staff members told us they knew who to report incidents to, and how if they became aware of an issue. The incident recording process supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw that patients affected by incidents had received; an appropriate communication, in a timely fashion, information, and an apology if applicable.
- We reviewed three safety incident reports recorded in the last 12 months; we saw safety incidents were discussed in weekly clinical meetings. We were told all staff members were advised of the actions taken and outcomes regarding incidents to ensure improved safety was embedded at the practice and minimised incident reoccurrence. We saw incidents were reviewed annually. An example of an action taken included; extra care and a double check before transcribing information from the 24 hour blood pressure monitoring machines to patient records. During the weekly meeting discussion a change to the current procedure was established for the future.

Overview of safety systems and processes

The practice had procedures and policies to keep patients safe:

- The safeguarding policy reflected current relevant legislation, with local contact details, that was accessible to all staff members outlining who to contact about safeguarding concerns.
- There was a GP lead for safeguarding at the practice and the GPs and nurses had achieved role specific training to level three.
- GPs attended local safeguarding meetings and when required provided reports for other agencies.
- Staff members were able to explain their understanding and responsibility concerning both children and vulnerable adults to ensure they were safe from abuse. All staff members had received training to the relevant level for their role.

- Chaperones were offered when required; there were notices in the reception and clinical areas that advised patients they were available. Staff members acting as a chaperone were trained for the role and had received a 'Disclosure and Barring Service' (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene at the practice. There was an infection control policy in place and regular checks were carried out. A deep clean was performed every six weeks and clinical surfaces were cleaned after each patient contact. The infection control lead performed an audit of infection monitoring checks and an annual statement setting out any work or actions needed to meet the standards stated within their policy.
- We saw that clinical waste was disposed of appropriately and stored securely until it was ready for collection.
- Medicine or patient safety alerts were received, reviewed, acted upon appropriately and shared with all staff members. When alerts required the review of patients' medicine or a substitution of medicine, a check within the patient's record system had been undertaken and actions taken were documented.
- Dispensing staff were appropriately trained and qualified. There was a GP lead for the dispensary who carried out competency checks to monitor staff member's proficiency to dispense medicine safely.
- Dispensary procedures kept people safe and the production of prescriptions and dispensing medicines policies were reviewed and updated in line with local and national guidelines. However staff members including the four nurses we spoke with could not tell us what to do if the refrigerators they were monitoring were found outside the limits for the cold storage of medicines.
- Repeat prescriptions requests were available on-line, over the telephone, and at the practice.
- All prescriptions were reviewed and signed by GPs before they were given to patients.
- Medicines were accessible to authorised staff members and stored at the correct temperature. All medicines seen were checked regularly to confirm they were within

Are services safe?

the expiry date and safe for use. Records showed us that medicines requiring cold storage were kept in refrigerators that were maintained at the required temperatures and monitored daily.

- The practice's policy for repeat prescribing outlined how patients taking higher risk medicines should be monitored. Staff used templates developed by the practice to ensure they had received any tests required before a prescription could be printed. The practice had implemented the work led by the local medicine management team to make sure prescribing was in line with local guidance and best practice clinical guidelines for safe prescribing.
- Blank prescription forms, including those used in the printers for computer generated prescriptions, were stored securely and tracked through the practice in accordance with national guidance. However prescriptions waiting to be collected at the reception desk were not secure. The practice removed them to a more secure position immediately and told us they would address securing them directly.
- Nurses and the health care assistant administered medicines in line with local and national guidance using patient group directions (PGD's) and patient specific directions (PSD's), these were current and regularly reviewed. PGD's are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were reviewed annually and potential risks to patients and staff were documented and monitored every six months. The risk assessments in place included; the premises fixtures and fittings, fire safety equipment and processes and health and safety guidance for staff members. Assessments also covered the control of substances hazardous to health, infection control, and Legionella testing (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Staff members knew how to act and keep people safe in the event of a fire.
- Electrical equipment had been checked and tested to ensure it was safe to use, and the practice held a service and maintenance contract.
- The practice premises and equipment were appropriate and adequately maintained to keep patients and staff members safe.
- The practice manager planned and monitored the number of staff and the role mixes needed to meet patients' needs. We were told annual leave and staff members sickness was factored into their planning and staff members supported by covering for one another. This was exemplified by a recent job swapping exercise undertaken within the practice to experience role specific issues and allow coverage during annual leave and sickness.

Arrangements to deal with emergencies and major incidents

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

- All staff members had received basic life support training and had access to an emergency system on their computer software to call for help and support if needed.
- Emergency medicines were available and all staff members knew their location. Processes to check these medicines regularly were seen and confirmed they were safe to use.
- There was a defibrillator and oxygen available at both the practice premises, with adult and child's masks available; we also saw there was a first aid kit and accident book available.

The practice had a detailed business continuity plan to provide information for staff members in the event of a major incident such as power failure or building damage. The plan included staff roles and responsibilities and emergency contact numbers for staff members and to contact the connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There was guidance available to keep clinical staff up to date with the most recent clinical guidelines from the National Institute for Health and Care Excellence (NICE) to improve patient care and treatment.

Management, monitoring and improving outcomes for people

The practice used 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 of 2015 - 2016 showed the practice achieved 98% of the total number of points available this was higher (compared with 92% locally and 95% nationally). The practice QOF exception reporting for the practice was 5% which was 3% below the CCG exception reporting average, and 4% below the national England exception reporting average. (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 showed:

- Performance for diabetes related indicators was better than the local CCG and national average. The percentage of patients with diabetes, on the register, in whom the last IFCCbA1c was 64 mmol/mol or less in the preceding 12 months was 71% (compared with 69% locally and 75% nationally).
- Performance for mental health related indicators was higher than the local CCG and national average. The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in their record, in the preceding 12 months was 87% (compared with 76% locally and 78% nationally).
- There was evidence of quality improvement including clinical audit.
- There had been seven clinical audits completed in the last two years. For example an audit was performed on a group of patients to check the correct guidelines were

used when prescribing antibiotics for urinary infections. This information was used for colleague education to make sure all prescribers used the guidelines to improve service provision to patients. A further audit was planned to ensure all prescribers were using the template updated to meet the guidelines.

- The practice also participated in local medicines management audits, national benchmarking, and dispensing audits.

Effective staffing

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

- The practice had an induction process for new staff members. We spoke with a recently appointed staff member who told us the practice induction programme had given them confidence, and prepared them for their role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety, security and confidentiality.
- Nurses that administered vaccinations and took samples for the cervical screening programme had received specific training which had included an assessment of competence and continued audits to confirm. Staff who administered vaccinations could demonstrate their training and an understanding of the national immunisation programmes.
- We saw appraisals were used by management to identify staff training needs. We were shown staff members had access to appropriate training, which met their learning needs and covered the scope of their work. Staff members we spoke with said they had received an appraisal within the last 12 months.
- Staff members were able to access e-learning training modules and external and in-house training. We saw all staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The GPs have appropriate information needed to plan and deliver care and treatment; this was available and accessible to all clinical staff members through the patient record system and their intranet system.

- This included; patient treatment plans, medical records, investigative processes, communications, patient discharge notifications and test results. A comprehensive library of patient information such as

Are services effective?

(for example, treatment is effective)

NHS patient information leaflets was available in the waiting room. There was also an information board in the waiting room, instigated by the patient participation group (PPG), which displayed educational material regarding a different condition each month.

- Staff communicated with multidisciplinary teams to meet the various needs of patients.
- Staff members worked together in the practice, and with other health and social care service providers to understand, meet, assess, and plan on-going care and treatment. This included when patients were referred to other services or discharged from hospital, they shared relevant patient specific information appropriately and in a timely way.

Consent to care and treatment

Consent to care and treatment was obtained by staff members in line with legislation and current guidance.

- Staff members knew the relevant consent and decision-making processes and had an understanding of the Mental Capacity Act 2005. Assessments of capacity to consent were carried out and recorded in line with their policy prior to providing treatment.

Supporting patients to live healthier lives

The practice recognised patients who may need extra support. For example:

- Patients receiving end of life care, patients that were carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and/or alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services and followed up when needed.
- The practice uptake in the cervical screening programme was 81%, which was comparable with (83% locally and 82% nationally). The practice had a procedure to remind patients who had not attended their cervical screening test. They also followed up women who were referred as a result of abnormal results.
- The practice encouraged the uptake of the national screening programmes for bowel and breast cancer by using information on their notice boards in the waiting room and during consultations.
- Childhood immunisation rates for the vaccinations given were comparable to CCG/national practice averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 92% to 98% and five year olds from 86% to 94%.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

During the inspection we saw that all staff members were courteous and helpful to patients; this included treating them with dignity and respect.

- Patients' told us privacy and dignity during examinations, investigations and treatments were respected and maintained by the provision and use of curtains that surrounded the examination couches.
- Patients also told us they were treated with consideration, and involved in making decisions about their care and treatment. All the patients we spoke with told us it was a very caring, community orientated practice, with extremely helpful, supportive staff members.
- Consultation and treatment room doors were closed during consultations to ensure conversations taking place could not be overheard.
- Staff members at the reception desk told us they could recognise when patients appeared distressed or needed to speak about a sensitive issue. There was a private space away from the waiting room where patients could discuss their issues or problems.

The 38 comment cards we received were all very positive about the standard of care and treatment delivered at the practice. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the services provided. Results from the national GP patient survey published in July 2016 showed their percentage results were higher than other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs and nurses.

For example:

- 93% of respondents said the GP was good at listening (locally 87% and nationally 89%).
- 94% of respondents said the GP gave them enough time (locally 86% and nationally 87%).
- 99% of respondents said they had confidence and trust in the last GP they saw (locally 95% and nationally 95%).
- 92% of respondents said the last GP they spoke to was good at treating them with care and concern (locally 85% and nationally 85%).

- 93% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90% and nationally 91%).
- 90% of respondents said they found the receptionists at the practice helpful (locally 87% and nationally 87%).

We spoke with five members of the patient participation group (PPG). They told us they were more than satisfied with the care and treatment provided by the practice. They received online information and gave their opinions on possible changes the practice intended to make. They all felt valued and that their suggestions and opinions mattered.

Care planning and involvement in decisions about care and treatment

During the inspection, all the patients we spoke with told us they felt involved in the decision making process for their care and treatment. They also told us they felt listened to and supported by staff members and were given sufficient time during consultations to make decisions about the choice of treatments available to them. Patient feedback on the comment cards we received reflected these views and the results from the national GP patient survey were in line with these patient responses. Questions involving planning and making decisions about care and treatment were higher than local and national averages.

For example:

- 95% of patients said the last GP they saw was good at explaining tests and treatments (locally 85% and nationally 86%).
- 90% of patients said the last GP they saw was good at involving them in decisions about their care (locally 81% and nationally 82%).
- 91% of patients said the last nurse they saw was good at explaining tests and treatments (locally 89% and nationally 90%).
- 92% of patients said the last nurse they saw was good at involving them in decisions about their care (locally 85% and nationally 85%).
- The practice provided facilities to help patients be involved in decisions about their care:
- Staff told us they had access to translation services for patients who did not have English as their first language.
- Information leaflets were accessible and available in easy to read formats.

Are services caring?

Patient and carer support to cope emotionally with care and treatment

Notices in the patient waiting room, told patients how to access support groups and organisations if they were a carer. The patient treatment templates written by a GP and used by the clinical staff members encouraged checking for carer's. The patient record system alerted practice staff if a patient was also a carer; this ensured that carer's were given extra consideration when arranging appointments so they could meet their caring and healthcare needs and responsibilities. The practice had identified 125 this equated to 1.2% of the practice population.

The practice bereavement process offered families that had suffered bereavement contact from their usual GP, and an invitation for them to meet with the GP. Information for bereaved families was available within the reception area to ensure staff members were informed when family members contacted the practice and could communicate with them appropriately. In the practice, and on the practice website there were self-help guides and benefits advice to support the bereaved.

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 via the Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area.

- The practice focused their attention on frail and vulnerable patients, including those with safeguarding concerns. Clinicians discussed those patients they felt needed extra monitoring and care to reduce their risk of a hospital admission during weekly meetings. Treatment plans were in place for all those patients recognised as needing this support.
- The practice offered access to their services from 8am through to 6.30pm and with face to face and telephone consultations from 8.30 to 6.30pm.
- The practice provided longer appointments to patients living with a learning disability.
- Home visits were available for older patients and patients for who would benefit from them.
- Appointments were available on the same day requested for children and those patients with serious or urgent medical conditions.
- Patients were able to access travel vaccinations when they needed them.
- The facilities were fully accessible with a lift to access the first floor treatment room, and translation services were available to aid patients.
- The practice had 46 patients living with a learning disability and we saw all of them had been offered an annual health check.

Access to the service

The main practice opening hours are from 8am to 12.30pm closed for lunch and then open again from 1.30pm to 6pm. There is an open surgery each morning from 8.30am to 10.00am and some bookable appointments for the GP registrar's each morning. There are pre-bookable

appointments, with some urgent appointments available on the day. There are also emergency and telephone call appointments available by request. The branch practice opens Monday, Tuesday, Thursday and Friday from 3pm to 5pm and on Wednesday from 8.30am to 10.30am.

The practice has opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours are advised by the answerphone message to contact the 111 non-emergency services. Patients requiring urgent treatment were advised to contact the out of hour's service which was provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with the access to care and treatment were comparable to other local and national averages.

- 74% of patients were satisfied with the practice's opening hours (locally 76% and nationally 76%).
- 96% of patients said they could get through easily to the practice by phone (locally 71% and nationally 73%).

Patients told us on the day of the inspection that they were able to get an appointment when they needed one.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns they had received four in the last 12 months. We saw they had been well managed and reviewed to ensure there were no themes or trends that needed to be addressed.

- Their complaints policy recognised guidelines set out for GPs in England and met local requirements with regards contact details.

The practice manager was the named designated staff member that led and managed all complaints. There was information available in the practice complaints leaflet and on their website to support patients that wanted to make a complaint. Practice meeting agenda's had a standing agenda item to discuss any complaints they received to ensure they could be shared with all staff members.

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 mission statement outlined their vision and strategy, which they shared with staff members and patients:

“Our mission is to provide the highest standard of patient care incorporating a holistic approach towards the diagnosis and management of illness. The Practice is committed to promoting wellness and to help prevent disease. We do not discriminate in the Provision of Care and strive to provide the best care possible to our patients. We are also committed to the provision of education and training to staff and post graduate doctors”.

Governance arrangements

The practice used its policies procedures and processes to support the delivery of good quality care. These outlined the use of the practice systems to ensure that:

- Staff members understood their own and their colleague's roles and responsibilities to ensure team support.
- Practice specific policies were in place and staff members knew where and how to access them.
- The practice had a comprehensive understanding of practice performance which ensured they maintained and improved patient outcomes. This was shown in the excellent patient satisfaction results and the high achievement of their Quality Outcome Framework (QOF) work.
- Risks were well managed, and actions had been taken when needed to ensure patients and staff member's safety. These were well documented and prioritised, then followed up.

Leadership and culture

The GPs in the practice demonstrated they had plenty of local experience, capacity and capability to lead the practice and ensure high quality care was provided. They prioritised safe, community based, and compassionate care. The GPs were visible in the practice and staff members told us they took time to listen and supported their views on any improvement or development

suggestions they made. The GPs encouraged a culture of openness and honesty and were aware of and complied with the requirements of the 'Duty of Candour' when dealing with safety incidents.

- The practice had arrangements to deal with notifiable safety incidents when they arose and ensured staff members were informed of any learning that had been gained when they were investigated.
- The leadership structure was clear and staff felt supported by management.
- Staff members told us they were involved in the regular practice team meetings and that they appreciated the open culture within the practice. We were also told by staff members that they felt confident to raise any topics and were supported when they did.
- Staff members told us they felt respected, and valued, particularly by the management and GPs at the practice.

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

The practice encouraged and valued feedback from patients, the public and staff. They used feedback gathered to inform practice developments.

- The practice monitored feedback from patients through the national GP survey and 'Friends and Family' comments cards.
- The practice had gathered feedback from staff via staff meetings, appraisals and ad-hoc discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues or management.
- The practice had acted on a suggestion from their Patient Participation Group (PPG) to have some educational material on the notice board in the waiting room for patients to read. The notice board was used to display educational material regarding a different clinical condition each month. Two of the patients we spoke with in the waiting room commented positively on this recent change.

Continuous improvement

There was a focus on learning and improvement within the practice.

- They worked well with their patient participation group (PPG) to gain patient experience and opinions before making any changes.

Are services well-led?

Good 

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

- Nursing staff had received extra training in areas of clinical work for example prescribing and managing minor injuries to ensure they could support the GPs fully.
- The management and administrative staff members used a GP practice improvement package; 'The Productive General Practice Programme' to ensure continuous improvements was achieved. This package of tried and tested tools supports primary care services to improve their productivity, capability, and the

working life of staff members. We saw that a different staff member each month led on a new work initiative being undertaken at the practice. Staff told us they felt involved and encouraged to improve the running of the practice however small the change being explored.

The future planning at the practice also included exploring the benefits of possible work with the local federation proposals.