

Dr Michael Coggan

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 Michael Coggan (Otherwise known as Harewood Surgery) on 30 August 2016. We returned on 05 September 2016 to review information unavailable to us during the visit on 30 August 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 issues identified were shared with staff members.
- Risks to patients were assessed and documented including those associated with; premises, equipment, medicines, and infection control.
- Patient care was planned and provided to reflect best practice using recommended current clinical guidance.
- Patient comments were positive about the practice during the inspection and members of the practice patient participation group told us they were involved with practice development.

- Information regarding how to complain was available in an easy to read format.
- Patients told us there were urgent appointments available on the day they were requested.
- The practice had suitable facilities and equipment to treat patients and meet their health requirement needs.
- Staff members told us they were supported in their working roles by the practice management and the GPs.
- The dispensary processes and procedures were found to be appropriate and designed to keep people safe. However the dispensing staff members had limited understanding of the practice's agreed process for changing medicines after hospital discharge.
- The practice had identified 18 patients as carer's and this equated to 0.6% of their patient population.

The areas where the provider should make improvements:

- Improve and maximise the system used to identify carer's at the practice.

Summary of findings

- Record verbal complaints and the action taken to resolve them and cascade the learning to staff working at the practice to prevent reoccurrence.

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?

Good



- The practice is rated as good for providing safe services.
- There was a system in place to raise concerns, and report safety incidents. Incidents and lessons learned whilst handling them were shared with staff members during 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.

Dispensary procedures kept people safe. However we found the dispensary staff had limited understanding of the practice process to add/change medication after hospital discharge. The practice immediately implemented a new condition to their process for adding/changing medication after hospital discharge. This change was agreed and documented as understood by all staff members.

Are services effective?

Good



- The practice is rated as good for providing effective services.
- Data showed patient outcomes were above average compared with 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 service quality and patient outcomes.
- Arrangements were in place for staff to receive supervision and appraisals.

Contact with multidisciplinary teams supported staff members to understand and meet the varied complexities of people's needs.

Are services caring?

Good



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 averages for numerous aspects of care.

Summary of findings

- Patients talked about being treated with compassion, dignity, and respect. Patients also told us they were involved in decisions about their care and treatment.
- We saw staff members behave to patients with kindness and respect, and maintained patient and information confidentiality.
- Information for patients about the services available at the practice was easy to understand and accessible.

The practice recognised patients who were carers., The number identified was 18, this equated to 0.6% of the practice population. This percentage was low for a practice of this size.

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 named GP and there was 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 an easy to understand format and evidence showed the practice responded quickly to issues raised.

Good



Are services well-led?

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

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

Good



Summary of findings

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

Good



- The practice was responsive to the needs of older people, and offered them home visits and urgent appointments when needed.
- The practice had a long established named list approach and patients had a named GP assigned and knew who they were.
- A standing agenda item during palliative care meetings was to discuss patients from this population group that staff members felt may be deteriorating. These discussions ensured patients in the final year of their life had patient agreed and documented treatment plans.
- Senior health checks were booked and offered to patients on an ad hoc basis to maximise the uptake.
- The premises were wheelchair accessible with a slope to the front door, and two clinical rooms on the ground floor.

There was not a hearing loop system available however one of the reception staff members could use sign language if needed.

People with long term conditions

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

Good



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

Diabetic quality data from 2014 to 2015 showed:

- The percentage of patients with diabetes, on the register, in whom the last IFCC HbA1c (this is a test that monitors diabetics blood/glucose levels over a period of time) is 64 mmol/mol or less in the preceding 12 months, was 75% (local practices 72% and nationally 78%).
- 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 96% (local practices 77% and nationally 78%).

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

- Longer appointments and home visits when needed.

Summary of findings

- A named GP and a structured annual review to check their health and medicine needs were being maintained and met.
- The named GP of patients with complex needs worked with relevant health and 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.
- 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 require extra monitoring. These 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 were 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; 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 89% (compared locally 83% and nationally 82%).
- Appointments were accessible outside school hours.
- We were told by the practice nurses there was positive joint working with community professionals for patients in this population group.
- 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.

Good



Summary of findings

Working age people (including those recently retired and students)

Good



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.
- The practice offered on-line services to support working patients.
- There was a full range of health promotion and patient screening that reflected the needs of this population group.
- Although the practice did not offer extended hours, they did offer GP telephone consultations to support working age people; this ensured that anyone who needed a consultation was provided one on the day.
- 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.

People whose circumstances may make them vulnerable

Good



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 identified patients living in vulnerable circumstances this included those with a learning disability, homeless people or travellers.
- There were 11 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.
- 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.

Summary of findings

People experiencing poor mental health (including people with dementia)

Good



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

Mental health quality data from 2014 to 2015 showed, the practice performance was higher than the national and local practice averages for example:

- 93% 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 88% locally and 88% nationally).
- 95% 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 84% locally and 84% 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 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.
- The practice had an area in reception to enable private conversations with patients if they appeared to be distressed.

Summary of findings

What people who use the service say

What people who use the practice 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. 229 survey forms were distributed and 132 were returned. This represented a 58% response rate compared against the national response rate of 38%.

- 95% of patients who responded found it easy to get through to this practice by phone (compared with locally 73% and nationally 73%).
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried (compared with locally 76% and nationally 76%).
- 94% of patients described the overall experience of this GP practice as good (compared with locally 84% and nationally 85%).
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area (compared with locally 77% and nationally 79%).

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 48 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. A number of the cards said they would not move house so they could continue to receive their care and treatment from this GP practice.

We spoke with five patients during the inspection. All five patients voiced their satisfaction with the care they received and thought staff members were approachable, committed compassionate and caring. A social care provider told us they had excellent communication with the practice staff and the referrals received were well documented and appropriate.

Areas for improvement

Action the service **SHOULD** take to improve

- Improve and maximise the system used to identify carer's at the practice.
- Record verbal complaints and the action taken to resolve them and cascade the learning to staff working at the practice to prevent reoccurrence.

Dr Michael Coggan

Detailed findings

Our inspection team

Our inspection team was led by:

- Improve and maximise the system used to identify carer's at the practice.

Background to Dr Michael Coggan

Dr Michael Coggan (Otherwise known as Harewood Surgery) provides primary care services via a GMS contract to approximately 3100 patients living in the Great Oakley, and surrounding rural areas of Tendring. There is a higher than average number of older people registered at the practice, with low ethnicity and less deprivation than other local and national practice averages.

The practice is registered by Dr Coggan an individual provider and employs a salaried GP (this provides the population access to a male and female GP). The GPs work on an alternate week basis within the practice. The GPs are supported by two nurse practitioners, a practice nurse and one healthcare assistant. The dispensary team comprises two dispensers who are supported by the practice manager and a receptionist who both have dispensing training and qualifications. Within the administrative team there is; a practice manager, a secretary and three receptionist/ data clerks. The staff members worked a combination of full and part time hours.

The practice opening hours are from 8am to 6.30pm Monday to Friday. Appointments are bookable with clinicians from 8.30am to 6.30pm for urgent on the on the day, and pre-bookable appointments. There are also emergency and telephone call appointments available by request.

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 Dr Michael Coggan (Otherwise known as Harewood Surgery) 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:

- Spoke with a range of staff, the practice manager, the GP, nurse practitioners a practice nurse, a healthcare assistant, the practice manager, dispensing staff members, administrative staff members, and receptionist/data clerks. We also spoke with patients who used the service on the day of inspection and a healthcare professional that liaises with the practice to benefit patients and improve outcomes.

Detailed findings

- 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 manager led on this process within the practice, and staff members told us they knew who to report incidents to 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 those patients affected by incidents had received; appropriate communication, in a timely fashion, information, and an apology if applicable.
- We reviewed two safety incident reports, and the minutes of meetings where these were discussed with staff members. This ensured any actions taken to improve safety was embedded at the practice and would minimise incident reoccurrence. We saw incidents were reviewed bi-annually. There was evidence that lessons had been shared and actions were taken to improve safety in the practice.

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.
- 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 including GPs to level three.
- Chaperones were offered when required, there were notices in the reception and clinical areas that advised patients they were available. Staff who acted 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 standards of cleanliness and hygiene. The infection control lead nurse had received training to hold this role. There was an infection control policy in place and regular checks to ensure standards of cleanliness and hygiene were undertaken. The infection control lead had performed an audit of the infection monitoring checks and produced 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.
- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept people safe. Medicine and 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 this had been undertaken.
- The practice had signed up to the Dispensing Services Quality Scheme (DSQS) to improve the quality of dispensing processes and ensure they were maintained. Dispensary staffing levels were in line with DSQS guidance. Dispensing staff were appropriately qualified and the GP dispensary lead had carried out competency checks to monitor staff member's capability to dispense medicine safely.
- Written procedures for the production of prescriptions and dispensing medicines had been reviewed and updated in line with local and national guidelines.
- Repeat prescriptions requests were available on-line, over the phone and at the practice.
- 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 ensure they were within 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. Staff members knew what to do in the event of temperature failure.
- The policy in place for repeat prescribing included monitoring patients taking higher risk medicines. The

Are services safe?

practice had implemented work with support from the local medicine management team to ensure 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.
- 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).
- Arrangements for emergency medicine, medicine management and vaccinations, in the practice were safe (including obtaining, prescribing, recording, handling, storing and security).

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were risk assessments in place to monitor the safety of the premises such as 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). There were procedures to monitor and manage risks to patients and staff safety. These were well documented, had been rated to show their level of risk, prioritised, and followed up.
- 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 fire equipment was suitable and had been checked to ensure it was safe. Staff members knew how to act and keep people safe in the event of a fire.
- The practice manager planned and monitored the number of staff and the role mixes needed to meet patients' needs. The practice manager told us annual leave and staff members sickness was factored into planning and supported by covering one another.

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 in date.
- There was a defibrillator and oxygen available on the premises, with adult and child's masks; there was also 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 the practice connected utility services.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

There were arrangements to keep clinical staff up to date with the most recent clinical guidelines from National Institute for Health and Care Excellence (NICE) to develop 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 2014-2015 showed the practice achieved were 98% of the total number of points available. The practice QOF exception reporting for the practice was 4% which was 4% below the CCG exception reporting average, and 5% 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 IFCC HbA1c was 64 mmol/mol or less in the preceding 12 months was 75% (compared with 72% locally and 78% 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 91% (compared with 88% locally and 88% nationally).
- There was evidence of quality improvement including clinical audit.
- There had been three clinical audits completed in the last two years, one was a completed audit that was shown to improve patient treatment. For example, the first cycle identified patients taking a medicine that required set dosage conditions to reach optimum

treatment levels. The second cycle pinpointed patients that had not received the dosage criteria. The dispensary staff members checked with patients whether they had received dosage advice and provided it when needed. This made certain the practice had provided the most current advice to patients to improve their treatment outcomes.

- The practice also participated in local audits, national benchmarking, and dispensing service quality service audits, for accreditation, and peer review.

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 new role. It covered such topics as safeguarding, infection prevention and control, fire safety, health and maintaining safety 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 immunisation programmes.
- We saw appraisals were used by management to identify staff training needs. We were told staff members had access to appropriate training to meet their learning needs and to cover the scope of their work. Staff members we spoke with said they had all received an appraisal within the last 12 months.
- Staff members were able to access e-learning training modules and external and in-house training. All staff members had received basic life support training in the last year.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available and accessible to clinical staff members through the practice patient record system and their intranet system.

- This included; patient treatment plans, medical records, investigative processes, communications, patient

Are services effective?

(for example, treatment is effective)

discharge notifications, and test results. A comprehensive library of patient information such as NHS patient information leaflets was available in the waiting room.

- When clinicians referred patients to other services they shared relevant patient specific information appropriately and in a timely way.
- 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 for patients. This included when patients were referred to other services, or discharged from hospital.

Consent to care and treatment

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

- Staff members knew the relevant consent and decision-making processes and had an understanding of the legislation and guidance; this included the Mental Capacity Act 2005. Assessments of capacity to consent were carried out and documented in patient records, in line with relevant guidance 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 alcohol cessation. We saw evidence that patients were signposted or referred to appropriate services.
- The practice uptake in the cervical screening programme was 89%, which was higher than (83% locally and 81% 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 board 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 88% to 96% and five year olds from 96% to 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, 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' 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 told us they were treated well, with consideration, dignity and respect and were involved in the making decisions about their care and treatment. All the patients we spoke with told us it was a very caring, family orientated practice, with extremely helpful 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 48 comment cards we received were all overwhelmingly positive about the standard of care and treatment at the practice. Comments on the cards confirmed staff were friendly, polite, helpful, and indicated they felt supported by the practice services provided. A number of the cards said they would not move house so they could continue to receive their care and treatment from this GP practice. Results from the national GP patient survey published in July 2016 showed their percentage results were comparable with other practices in the local CCG area and nationally for satisfaction scores on consultations with GPs and nurses.

For example:

- 91% of respondents said the GP was good at listening (locally 87% and nationally 89%).
- 89% of respondents said the GP gave them enough time (locally 86% and nationally 87%).
- 96% 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%).
- 94% of respondents said the last nurse they spoke to was good at treating them with care and concern (locally 90% and nationally 91%).
- 89% of respondents said they found the receptionists at the practice helpful (locally 87% and nationally 87%).

We spoke with five patients during the inspection. All five patients voiced their satisfaction with the care they received and thought staff members were approachable, committed compassionate and caring. We also spoke with three members of the patient participation group (PPG) they also were more than satisfied with the care and treatment provided by the practice. They told us they felt the GPs and management at the practice valued their opinions and considered any comments they made during communications. Many of the 48 comment cards we received mentioned how helpful and polite the staff members were when they needed help and support.

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 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 also higher than local and national averages.

For example:

- 89% of patients said the last GP they saw was good at explaining tests and treatments (locally 85% and nationally 86%).
- 88% of patients said the last GP they saw was good at involving them in decisions about their care (locally 81% and nationally 82%).
- 93% of patients said the last nurse they saw was good at explaining tests and treatments (locally 89% and nationally 90%).

Are services caring?

- 85% 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 were did not have English as a first language.
- One of the receptionists could use sign language.
- Information leaflets were available in easy read formats.

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 practice computer patient record system alerted

practice staff if a patient was also a carer; this ensured that carer's were given extra consideration when being given appointments thus meeting their caring and healthcare needs and responsibilities. The practice had identified 18 carer's and this equated to 0.6% of the practice population. This percentage is low for a practice of this size.

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 updated daily and visible to staff members within the reception office to ensure when family members contacted the practice communication could be conducted appropriately. In the practice, 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 that had safeguarding concerns. Weekly clinical meetings were held to discuss those patients at high risk of hospital admission. Treatment plans were in place and agreed with those patients.
- The practice offered access to their reception from 8am through to 6.30pm Monday to Friday and 8.30am to 6.30pm to clinics/consultations with clinical staff for face to face and telephone consultations.
- 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 accessible, and translation services were available to aid patients.
- The practice had 11 patients living with a learning disability and we saw all of these patients had been offered an annual health check.
- Other reasonable adjustments had been made and action was taken to remove barriers when patients had found it hard to use or access services, for example: There were consultation rooms on the ground floor offered to patients unable to manage the stairs and staff members were alerted by the patient record system if this was a requirement.

Access to the service

The practice opening hours were from 8am to 6.30pm Monday to Friday. Appointments were bookable with

clinicians from 8.30am to 6.30pm for urgent on the on the day, and pre-bookable appointments. There were also emergency and telephone call appointments available by request. The practice had opted out of providing GP out of hour's services. Patients calling the practice outside normal practice working hours were 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 is provided by Care UK.

Results from the national GP patient survey showed that patient's satisfaction with the access to care and treatment was higher than local and national averages.

- 84% of patients were satisfied with the practice's opening hours (locally 76% and nationally 76%).
- 98% of patients said they could get through easily to the practice by phone (locally 71% and nationally 73%).
- 94% of patients feel they to be seen (locally 56% and nationally 58%).

Patients told us on the day of the inspection that they were very pleased to be able to get an appointments when they needed one.

Listening and learning from concerns and complaints

The practice had a system to manage complaints and concerns although they had not received any in the last 12 months.

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 to lead and manage all complaints. There was information available in the practice complaints leaflet. We saw that they had not received any written complaints for several years. The practice manager told us they were able to deal with complaints in a face to face meeting and prevent the need for written formal complaints. The practice did not record the verbal complaints, although staff members told us they were provided with feedback where relevant to prevent reoccurrence.. Practice meeting agenda's had a standing agenda item to discuss complaints if they received any 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:

“We will offer high quality care to patients through friendly and appropriate treatment, offering health promotion and education to patients”. This was seen within the practice as part of the review and recall work provided to patients and in an ad hoc way; for example when receiving blood taking the healthcare assistant asked about their general health.

Governance arrangements

The practice used policies procedures and processes to support the delivery of good quality care. These outlined the practice procedures and systems in place 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 their performance which supported them to maintain and improve patient outcomes. This was reflected in the national GP patient survey results and the clinical performance data as highlighted in the Quality Outcome Framework (QOF).
- Risks were well managed, and actions had been taken when needed to ensure patient safety. These were well documented, had been rated to show their level of risk, prioritised, and followed up.

Leadership and culture

The GPs in the practice demonstrated that 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. 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 were informed of any learning they had been gained.
- 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 told by staff members that they felt confident to raise any topics and supported when they did.
- Staff members told us they felt respected, valued and supported, 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. Staff told us they felt involved and encouraged to improve the running of the practice however small the 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.
- 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 future planning at the practice included exploring the benefits of possible work with the local federation or super practice proposals.