Ravenswood Medical Practice

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

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ravenswood Medical Practice on 12 January 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns, and to report incidents and near misses. Information about safety was recorded, monitored, and addressed. Risks to patients were assessed and well managed.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Staff had received training appropriate to their roles and any further training needs had been identified and planned.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw one area of outstanding practice:

- The practice had a proactive PPG which had been involved in a variety of activities with the practice. For example, the group had worked with the practice following diversion of a local bus route. This had meant that access to the surgery had become difficult for a number of patients. The group had been successful in reinstating the bus route.

The areas where the provider should make improvement are:

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.

Summary of findings

- Ensure annual reviews for learning disability, mental health and dementia patients are undertaken timely.
- Improve confidentiality at the front desk.

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 an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were at or above average for the locality and compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with multidisciplinary teams to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

- Data from the National GP Patient Survey showed patients rated the practice generally higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.

Summary of findings

- We saw staff treated patients with kindness and respect, but improvements were needed for confidentiality at the front desk.

Are services responsive to people's needs?

Good

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.
- Patients said there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for recognizing notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active, undertook regular meetings which were attended by the practice and were involved in several developments related to the practice.

Summary of findings

- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.
- The practice was responsive to the needs of older people and offered home visits and urgent appointments for those with enhanced needs. A nurse provided home visiting for routine long term condition reviews and management on a Friday morning.
- The practice provided GP cover to a new local mixed residential/nursing home where a GP or emergency care practitioner provided ward rounds twice a week.

People with long term conditions

Good

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.
- Three practice nurses had undertaken additional diabetic training to improve the care provided for this condition, including insulin initiation at the practice.
- Quality Outcome Framework performance for a variety of long term conditions was equal or better compared to the CCG and national average.
- Longer appointments and home visits were available when needed.
- Long term condition clinics were held during which care plans could be modified in light of discussion with the patient.

Families, children and young people

Good

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.

Summary of findings

- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 83.4%, which was above the England average of 81.8%. Patients who didn't attend their appointment were followed up with letters and via the telephone.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.
- Childhood immunisation rates for the vaccinations given to under twos ranged from 97.1% to 100% compared to the local average of 94.8% to 97.1% and for five year olds from 93.3% to 98.6% compared to the local average of 92.6% to 97.2%.
- A family planning clinic was held every Tuesday evening, during which coils and implants could be fitted.

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 and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours appointments were available twice a week.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

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 held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice carried out annual health checks for people with a learning disability and 26 out of 93 of these patients had received a review since April 2015. Of the remaining patients, 23

Summary of findings

live in care homes and a review was planned before end of March 2016. This left 44 patients to be reviewed before April 2016 to ensure all had received an annual review. The practice informed us 11 of these had a review in the period between January and April 2015. Invites were sent to all patients and the practice monitored the situation for outstanding reviews.

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

People experiencing poor mental health (including people with dementia)

Good

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

- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice had 141 registered
- 51 of 133 mental health patients had a care review recorded since April 2015.34 had received an annual review in the period between January and April 2015. The practice informed us they had 24 patients that were either living in supported homes, or were housebound, for which a review would be undertaken prior April 2016. Invites were sent to all patients and the practice monitored the situation of outstanding reviews.
- The practice carried out advance care planning for patients with dementia. One of the GPs also worked with the Community Memory Assessment Service and as such, was able to bring specialist dementia knowledge into the practice.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Summary of findings

What people who use the service say

The national GP patient survey results published in July 2015 showed the practice was performing generally in line with the national and Clinical Commissioning Group (CCG) averages. There were 262 surveys sent out and 117 responses which was a response rate of 45%.

- 91% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average of 90% and a national average of 85%.
- 93% say the last appointment they got was convenient compared with a CCG average of 94% and a national average of 92%.
- 83% describe their experience of making an appointment as good compared with a CCG average of 79% and a national average of 73%.
- 72% feel they don't normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 45% with a preferred GP usually get to see or speak to that GP compared with a CCG average of 60% and a national average of 60%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 24 comment cards, all of which were positive. Three cards contained constructive critical comments on experiencing difficulty in getting through on the phone to make an appointment. All the other cards contained comments around the skills of the staff, the cleanliness of the practice, the treatment provided by the GPs and nurses, the helpfulness of staff and the way staff interacted with patients. Patients said they felt the practice offered a safe and satisfactory service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and that the premises were clean.

Areas for improvement

Action the service SHOULD take to improve

- Ensure patients in the waiting rooms and throughout the premises are monitored, in case they become suddenly unwell.
- Ensure annual reviews for learning disability, mental health and dementia patients are undertaken timely.
- Improve confidentiality at the front desk.

Outstanding practice

- The practice had a proactive PPG which had been involved in a variety of activities with the practice. For example, the group had worked with the practice following diversion of a local bus route. This had meant that access to the surgery had become difficult for a number of patients. The group had been successful in reinstating the bus route.

Ravenswood Medical Practice

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC lead inspector**.** The team included a GP specialist adviser and a practice manager specialist advisor.

Background to Ravenswood Medical Practice

The Ravenswood Medical Practice is situated in Ipswich, Suffolk. The practice provides services for approximately 15300 patients. The practice holds a Personal Medical Services (PMS) contract.

According to Public Health England information, the patient population has a slightly higher than average number of patients aged under ten compared to the practice average across England. It has slightly lower proportions of patients aged 20-24 compared to the average across England. Other age groups are in line with the practice average across England. Income deprivation affecting children and older people is in line with the practice average across England, as is the overall deprivation across the practice population.

The practice has six GP partners, three male and three female and three female salaried GPs. There are three nurse practitioners, one emergency care practitioner, seven practice nurses, one phlebotomist and three health care assistants. The practice also employs a practice manager, three medical secretaries and a reception and administration team with individual leads.

District nurses are based in the same premises and midwives hold clinics during four days per week.

The practice's opening times at the time of the inspection were 08:00 to 20.30 Monday and Tuesday and 08:00 to 18:30 Wednesday to Friday. Monday late evening surgeries were for pre-booked appointments only. Tuesday late evening surgeries were for pre-booked appointments for the Family Planning clinic.

Appointments with GPs could be booked ahead by GPs but patients were only able to make an appointment on the day, patients were triaged over the telephone before attending the practice so GPs were informed of the conditions patients presented with. During out-of-hours appointments were available with GP+ between 18:30 and 21:00 on weekdays and between 09:00 and 21:00 during weekends. During the remaining out-of-hours times GP services were provided by CareUK.

Why we carried out this inspection

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

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 12 January 2016. During our visit we:

- Spoke with a range of staff (including GPs, nurses, reception, administration and managerial staff) and spoke with patients who used the service.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Good

Are services safe?

Our findings

Safe track record and learning

There was an open, transparent approach and a system in place for reporting and recording significant events. Staff told us they would inform the practice manager of any incidents and an incident form was available on the practice's computer system or in paper form. The GPs explained they embraced a 'no blame' culture to allow staff to feel comfortable in raising concerns. Most complaints received by the practice were automatically treated as a significant event. Records and discussions with GPs identified that there was consistency in how significant events were recorded, analysed, reflected on and actions taken to improve the quality and safety of the service provided. The practice carried out an analysis of the significant events at quarterly meetings for which we saw minutes. If a significant event was urgent it was dealt with on the day, for example a computer was immediately disconnected, removed and reviewed by an IT specialist when a fault was found.

We reviewed safety records, significant events for the current year and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, we saw minutes that confirmed significant events were discussed and had led to increased staff vigilance around the recording of samples from patients.

Safety was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance and alerts from the Medicines and Healthcare products Regulatory Agency (MHRA). The information was monitored by a designated member of the administration team and electronically shared with other staff. Any actions required as a result where researched by a designated staff member and brought to the attention of the relevant clinician to ensure this was dealt with. Clinicians we spoke with confirmed this took place and worked well.

Overview of safety systems and processes

The practice had clearly defined and embedded systems, processes and practices in place to keep people safe, which included:

- Arrangements to safeguard adults and children from abuse that reflected relevant legislation and local requirements. Safeguarding children and vulnerable adults' policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare, as did specific guides available in staff areas. There was a lead member of staff for safeguarding, with an appointed deputy. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role.
- There were notices displayed throughout the practice advising patients that chaperones were available if required. Staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service 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).
- Recruitment checks were carried out and staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the checks through the DBS for all staff.
- Arrangements were in place for planning and monitoring the number of staff and skill mix of staff needed to meet patients' needs. There was a rota system in place for the different staffing groups to ensure that enough staff were on duty. Staff in the different teams were able to cover each other's roles and there were designated leads for clinical areas such as asthma, cancer and epilepsy as well as for general work areas, such as training, safeguarding and practice education.
- Appropriate standards of cleanliness and hygiene were followed. We observed the premises to be clean and tidy. There were both GP and nurse infection prevention and control (IPC) clinical leads who liaised with the local IPC teams to keep up to date with best practice. There was an IPC protocol in place and staff had received up to date training. We saw evidence that an IPC audit was undertaken during the year previous to our inspection and actions had been taken to address any improvements identified as a result, for example appropriate labelling of sharps boxes. The practice was

Good

Are services safe?

unable to provide evidence of audits prior April 2015. We saw schedules in place which indicated health care assistants undertook additional cleaning of clinical areas. Needle stick protocols were displayed in consultation and treatment rooms, guiding staff to what action to take in the case of such an event. Several rooms, including consultation rooms, had carpets in them which appeared due for renewal in most cases. We saw that the practice was in the process of replacing all carpets in the premises with hard flooring, of which the majority had been done.

- The arrangements for managing medicines, including emergency drugs and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). Regular medication audits were carried out with the support of the local CCG pharmacy team to ensure the practice was prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a system in place to monitor and track their use.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had a variety of risk assessments in place to monitor safety of the premises such as control of substances hazardous to health, infection control and legionella. We saw that improvements had taken place as a result, for example a plumber had undertaken maintenance work following recommendations from the legionella assessment. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a lift for access to the first floor consultation and treatment rooms and staff monitored if patients required assistance in the use of the lift. An emergency call button was present in the lift.

Arrangements to deal with emergencies and major incidents

Staff identified and responded to changing risks to patients who used the practice through the safe management of medical emergencies. All staff received annual basic life support training and there were emergency medicines available on two floors of the practice. Staff we spoke with knew of its locations, which were kept secure with a five digit lock. The practice had automated external defibrillators and oxygen with masks for use on the premises in an emergency situation. All the medicines we checked were in date and fit for use. However, in the first floor waiting room, we saw that patients were not always monitored by staff for deteriorating health and wellbeing, this area was not directly overseen by staff or CCTV. The practice manager explained that in the past a reception staff member had occupied a desk in the area to ensure it was overseen but this had been discontinued.

Panic buttons were present on the computers and at front reception in case of an emergency. Staff explained that the phone could also be used through an alert function if a problem occurred.

The practice had up to date fire risk assessments and a business continuity plan in place for major incidents such as power failure or building damage. The plan included up to date emergency contact numbers for utilities and practice staff and a copy was held off site.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF - is a voluntary incentive scheme for GP practices in the UK. The scheme financially rewards practices for managing some of the most common long-term conditions e.g. diabetes and implementing preventative measures. The results are published annually). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. In 2014/2015 the practice achieved 98.2% of the total number of points available, which was above the national average of 93.5% and in line with the local average of 94.1%. The practice reported 8.2% exception reporting (below CCG and same as national average). Data from 2014/2015 showed:

- Performance for asthma, atrial fibrillation, cancer, chronic obstructive pulmonary disease, depression, epilepsy, heart failure, hypertension, learning disability, osteoporosis: secondary prevention of fragility fractures, palliative care, peripheral arterial disease, rheumatoid arthritis, secondary prevention of coronary heart disease and stroke and transient ischaemic attack were better or the same in comparison to the CCG and national averages with the practice achieving 100% across each indicator.
- Performance for chronic kidney disease related indicators was lower compared to the CCG and national average. With the practice achieving 90.6%, this was 2.7 percentage points below the CCG average and 4.1 percentage points below the national average.
- Performance for dementia related indicators was higher compared to the CCG and national average. With the practice achieving 96.2%, this was 5.3 percentage points above the CCG average and 1.7 percentage points above the national average.
- Performance for diabetes related indicators was higher compared to the CCG and national average. With the practice achieving 94.2%, this was 3.8 percentage points above the CCG average and 5 percentage points above the national average.
- Performance for mental health related indicators was 96.2% which was 5.2 percentage points above the CCG average and 3.4 percentage points above the national average.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff were involved to improve care and treatment and people's outcomes. We saw evidence of 12 audits that the practice had undertaken. We saw evidence of completed audit cycles in several of those where the improvements found were implemented and monitored. Findings were used by the practice to improve services. We discussed a number of clinical audits with a GP on the day of the inspection. For example, an audit on the prescribing of Haloperidol (an anti-psychotic drug) had highlighted a number of patients that were prescribed this drug by secondary services. The practice had taken steps to address the prescribing as there were more modern alternatives available instead of Haloperidol. On re-audit, the number of patients on Haloperidol was greatly reduced.

Another audit looked at appointment waiting times. The practice used a designated telephone triage system. Before this system was introduced an audit was done on waiting times which averaged 17 minutes. On re-audit after introduction of the triage system the average waiting time had reduced to three minutes.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered topics such as health and safety, confidentiality and organisation rules.
- The practice had taken on five members of staff on work placements at different times before our inspection. Of

Good

Are services effective?

(for example, treatment is effective)

these, one was in their active work placement and three others had remained with the practice after their placement had finished and worked there at the time of our inspection.

- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet these learning needs and to cover the scope of their work. This included ongoing support during sessions, one-to-one meetings, clinical facilitation and support for the revalidation of doctors and nurses. Staff had appraisals and records showed that staff had either received, or planned to receive an appraisal within a 12 month period. Staff told us they felt well supported by the practice manager.
- Staff had opportunities on a daily basis to raise concerns, clinical and non-clinical during discussion at coffee break times.
- Staff received training that included: safeguarding, fire procedures, basic life support and information governance awareness. Staff had access to, and made use of, e-learning training modules, in-house and external training. Staff we spoke with said they had been provided with additional training they had shown an interest in and were either provided with time in lieu or had their training costs covered in exchange.

Coordinating patient care and information sharing

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

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

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

The practice premises provided facilities to other health care providers in addition to the practice, for example district nurses. The practice manager explained that this aided working relationships between the practice and district nurses.

Consent to care and treatment

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

Supporting patients to live healthier lives

Patients who might be in need of extra support were identified by the practice. These included patients in the last 12 months of their lives, carers and those at risk of developing a long-term condition. Patients were then signposted to the relevant service. For example, in addition to multi-disciplinary team meetings where specific needs were discussed, the practice also met with the MacMillan palliative care team every two months.

- The practice had a comprehensive cervical screening programme. The practice's percentage of patients receiving the intervention according to 2014-2015 data was 83.4%, which was above the England average of 81.8%. Patients that had not attended for a screening appointment were followed up with letters and via the telephone.
- Flu vaccination rates for September 2013 up to, and including January 2014, for the over 65s were 71.6% compared to the national average of 73.2%; and at risk groups 41.4% compared to the national average of 48.4%.

Good

Are services effective?

(for example, treatment is effective)

- Childhood immunisation rates for the vaccinations given to under twos ranged from 97.1% to 100% compared to the local average of 94.8% to 97.1% and for five year olds from 93.3% to 98.6% compared to the local average of 92.6% to 97.2%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. Where abnormalities or risk factors were identified, the practice informed us that follow-ups on the outcomes of health assessments and checks were made. 320 patients had received their health check out of a potential 2599 patients.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were courteous and very helpful to patients, both attending at the reception desk and on the telephone. We saw that people were treated with dignity and respect. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard. Staff were careful to follow the practice's confidentiality policy when discussing patients' treatments so that confidential information was kept private but we saw that this was not implemented effectively at the front desk. Patients waiting in the queue could overhear conversation at the front desk and there was no queuing system to aid confidentiality. However, reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 24 CQC patient comment cards we received contained positive and complimentary patients' views about the service, with three cards adding constructive critical comments on experiencing difficulty in getting through on the phone to make an appointment. Patients said they felt the practice offered a safe and satisfactory service and staff were helpful, caring and treated them with dignity and respect. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required and that the premises were clean.

Results from the national GP patient survey showed patients were happy with how they were treated. The practice performed above average for its satisfaction scores on consultations with doctors and nurses. For example:

- 94% said the GP was good at listening to them compared to the CCG average of 90% and national average of 87%.
- 96% said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 100% said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and national average of 95%.
- 95% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 87% and national average of 85%.
- 89% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.
- 92% said the nurse gave them enough time compared to the CCG average of 94% and national average of 92%.
- 97% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us, and comment cards informed us, that health issues were discussed with them and they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them.

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

- 94% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 88% and national average of 86%.
- 90% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 84% and national average of 81%.

Patient and carer support to cope emotionally with care and treatment

Information in the patient waiting rooms told patients how to access a number of support groups and organisations. The practice's computer system alerted GPs if a patient was also a carer. There was a practice register of all people who were carers and 477 patients on the practice list had been identified as carers and were being supported, for example, by offering health checks, extended appointments if required and referral for organisations such as social services for support. 135 patients were identified as being

Good

Are services caring?

cared for. Written information was available for carers to ensure they understood the various avenues of support available in the practice's waiting room and on their website.

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

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. The practice held information about the prevalence of specific diseases. This information was reflected in the services provided through means of screening programmes, vaccination programmes and family planning.

Services were planned and delivered to take into account the needs of different patient groups and to help ensure flexibility, choice and continuity of care.

- Online appointment booking, prescription ordering and access to basic medical records were available for patients.
- There were longer appointments available for carers, patients with a learning disability or patients who needed a translation service; or for any other patient that required this.
- Home visits were available for older patients or patients who would benefit from these.
- Urgent access appointments were available for children.
- Telephone consultations were available for patients.
- Same day appointments were available but the practice also hosted a variety of clinics, for example for long term conditions, menopause and baby vaccinations amongst others.
- Three specialist diabetic nurses were able to commence insulin initiation for patients at the practice, meaning these patients did not need to attend the hospital for this service.
- There were disabled facilities, a hearing loop and translation services available. Staff told us that translation services were available for patients who did not have English as a first language. The receptionist and the website informed patients this service was available. The practice's two self-check in screens in reception displayed five different languages.
- The practice had use of a lift in the premises so that patients who could not manage the stairs could be seen on both the ground and first floor. If patients were unsure of how to use the lift the reception staff would assist them. An alert button was present in the lift. In case of a fire or the lift not functioning, an emergency evacuation chair was available.
- A private space was available for breast feeding mothers.
- Ward rounds were undertaken at a local residential home twice a week. When we spoke to the home they confirmed GPs were proactive in providing care and delivered this to a good standard.
- The practice provided weekday GP cover to a local community hospital through a private contract.
- One of the GPs also worked with the Community Memory Assessment Service and as such was able to bring specialist dementia knowledge into the practice.
- The practice hosted a variety of events, such as cake sales and fancy dress parties, at which funds were raised and donated to charity. The practice staff decided as a group which charity they would fundraise for to ensure a variety of charities would benefit from their actions.

Access to the service

The practice's opening times at the time of the inspection were 08:00 to 20.30 Monday and Tuesday and 08:00 to 18:30 Wednesday to Friday. Monday late evening surgeries were for pre-booked appointments only. Tuesday late evening surgeries were for pre-booked appointments for the Family Planning Clinic.

Appointments with GPs could be booked ahead by GPs but patients were only able to make an appointment on the day, patients were triaged over the telephone before attending the practice so GPs were informed of the conditions patients presented with. During out-of-hours times GP services were provided by CareUK.

Results from the national GP patient survey showed that patients' satisfaction with how they could access care and treatment was above the local and national averages. For example:

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 78% and national average of 75%.
- 97% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 77%.
- 83% patients described their experience of making an appointment as good compared to the CCG average of 79% and national average of 73%.
- 74% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns. Its complaints' policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. There was a designated responsible person who handled all complaints in the practice. A policy explained how patients could make a complaint and included the timescales for acknowledgement and completion. The process included an apology when appropriate and whether learning opportunities had been identified.

We reviewed a log of complaints received in the last 12 months, this included 28 complaints. When we reviewed the complaints we noticed that there where appropriate complaints were raised as significant events. Records showed complaints had been dealt with in a timely way. If a satisfactory outcome could not be achieved, information was provided to patients about other external organisations that could be contacted to escalate any issues. The practice dealt with minor verbal complaints on the spot and did not always record these.

We saw that information was available to help patients understand the complaints system for example information was available on the practice website and in the waiting room and complaint forms were available in the practice.

Are services well-led?

Good

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

Our findings

Vision and strategy

The practice had a clear vision to 'build on their traditions of providing high quality primary care services in a safe, effective and responsive way'. The practice had a strategy which reflected the vision and values which were monitored.

The objectives included 'putting safety at the heart of what the practice did', to 'facilitate personal development of the team', to 'work with the CCG and local practices to improve the health of patients and the local population' and to 'deliver best practice, encourage innovation and embrace change'.

Considerations to changes in patient list size were also included, for example the recent addition of new local residential home to the practice's patient list. This had required considerable attention due to the size of the home (approximately 80 residents); accordingly ward rounds were undertaken twice a week. When we spoke to the home they confirmed GPs were proactive in providing care and delivered this to a good standard.

The practice had a robust strategy and supporting business plans which reflected the vision and values which were monitored.

The practice manager worked closely with two other practice managers of local GP practices. The purpose was to work together on financial, educational and managerial matters and to share learning and development.

Governance arrangements

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

- There was a clear staffing structure and rota planning and staff were aware of their own roles and responsibilities. Staff were multi-skilled and were able to cover each other's roles within their teams during leave or sickness. The nursing, reception and administration teams each had their own lead individual.
- The practice used clear methods of communication that involved the whole staff team and other healthcare professionals to disseminate best practice guidelines and other information. There was a schedule of meetings that were held in the practice, for example: bi-weekly business meetings, weekly clinical meetings, quarterly whole practice meetings and quarterly reception, nursing and administration team meetings. During clinical meetings patients and procedures were discussed to improve outcomes. Significant event review meetings were held quarterly.
- The GPs were supported to address their professional development needs for revalidation.
- Staff were supported through a system of appraisals and continued professional development.
- Staff had learnt from incidents and complaints.
- From a review of records including action points from staff meetings, audits, complaints and significant event recording, we saw that information was reviewed to identify areas for improvements and to help ensure that patients received safe and appropriate care and treatments.
- The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There were systems in place to monitor and improve quality and to identify and manage risk.
- GPs had undertaken clinical audits which were used to monitor quality,systems to identify where action should be taken and drive improvements.

Leadership, openness and transparency

The partners in the practice had the experience, capacity and capability to run the practice and ensure high quality care. They prioritised safe, high quality and compassionate care. The partners were visible in the practice and staff told us that they were approachable and always took the time to listen to all members of staff. The partners encouraged a culture of openness, dedication and honesty.

Staff told us that various regular team meetings were held. Staff explained that they had the opportunity to raise any issues at these meetings, were confident in doing so and felt supported if they did. Staff said they felt respected and valued by the partners in the practice.

The practice manager attended monthly practice management meetings with the CCG but also regularly met with practice managers of two other local GP practices. During these meetings best practices and learning points were shared to encourage business and practice development across the participating practices.

Are services well-led?

Good

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

The practice had taken on five members of staff on work placements at different times before our inspection, of which one was in their active work placement and three others had remained with the practice after their placement had finished and still worked there at the time of our inspection. One of the nurses was going through training and education to become a nurse practitioner.

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

The practice encouraged and valued feedback from patients by proactively engaging patients in the delivery of the service. It had gathered feedback from patients through the patient participation group (PPG), the NHS friends and family test and through surveys and complaints received. We spoke with six members of the very active PPG, which met face to face on a regular basis (monthly excluding January and August). The group was exploring (virtual) expansion by attracting a wider variety of members through different forums, for example recruitment drives in the practice and notice boards. PPG meetings were attended by the practice manager and a GP. Every second meeting the group invited an external speaker to discuss a variety of topics, for example diabetes, anorexia, skin cancer and multiple sclerosis. The group had hosted a patient participation awareness week in June 2015 which included daily events. For example, a basic life support session, a health walk and a coffee morning to meet and greet the PPG. The group informed us that the practice was open to suggestions from the group and had instigated changes such as the introduction of a reception team uniform and dedicated ambulance parking outside the practice. In cooperation with the practice the PPG had reviewed information on non-attended appointments to inform patients of the impact of non-attendances. The group had worked with the practice following diversion of a local bus route, meaning access to the surgery had become difficult for a number of patients. The group had been successful in reinstating the bus route.

The PPG told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They said that patients were treated in an age appropriate way and that their needs for care were met.

The practice, together with the PPG, had undertaken continuous patient surveys. We were provided with evidence of surveys from the last two years. For example, the survey from 2014 had received 596 replies and covered a variety of topics, for example 560 patients were either likely or extremely likely to recommend the practice to family and friends. A variety of feedback was collated through the survey, for example on waiting times, parking and the appointment system.

The practice had introduced the NHS Friends and Family test (FFT) as another way for patients to let them know how well they were doing. For example, FFT data available to us showed that:

- In August 2015, from 10 responses, 100% recommended the practice compared to 88% nationally.
- In September 2015, from 8 responses, 100% recommended the practice compared to 89% nationally.
- In October 2015, from 28 responses, 96% recommended the practice compared to 90% nationally.

The practice provided quarterly newsletters for patients which were available in the practice, these included topics such as introduction of new staff, vaccination news and general practice news.

Staff told us the practice held regular away days, which were for all staff to attend, for example fancy dress parties. These were utilised to combine work based discussions with leisure time. The practice had also gathered feedback from staff through staff training days and generally through staff meetings, appraisals and discussions. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us that they felt generally well supported and that communication within the practice was good.

Innovation

The practice hosted a variety of events, such as annual cake sales, sponsored bike rides, quiz nights and fancy dress parties, at which funds were raised and donated to charity. The practice staff decided as a group which charity they would fundraise for to ensure a variety of charities would benefit from their actions. Staff also withheld from buying Christmas cards and donated money to charity instead.

Two of the GPs active at the practice were GP trainers, they had facilitated training for medical students last year.

The practice employed an emergency care practitioner who was able to provide home visits to patients. The patients that the practitioner saw were triaged by GPs to

Are services well-led?

Good

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

ensure suitability and were reviewed and discussed by the practitioner and a GP following consultation. If it was decided at triage or after consultation by the practitioner that a patient had to be seen by a GP, this would be arranged.