

Ainsdale Medical Centre

Quality Report

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

Ratings

Overall rating for this service

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Outstanding 

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Ainsdale Medical Centre on 19 October 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting, recording and analysing significant events. Improvements were made following learning from incidents. Safety alerts were received and acted upon.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Staff had been trained to deal with medical emergencies and emergency medicines and equipment were available.
- Patient feedback regarding their care and treatment was consistently positive in all areas. Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they could make appointments easily and urgent appointments were available the same day for all children and those patients who needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Summary of findings

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice.
- The practice had strong and visible clinical and managerial leadership and strong governance arrangements.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw areas of outstanding practice including:

- The practice clearly demonstrated innovative ways of working and working with others in the health and social economy to improve patient care and treatment. For example; they undertook frailty

assessments and identification of those at risk through the recently implemented frail elderly programme, supported by the Clinical Commissioning Group (CCG).

- The practice had developed and implemented a highly effective IT system which supported good governance in an open and honest culture.
- The mission statement for delivering the strategy had been developed with staff and patient representatives (patient participation group) and was widely promoted and publicised. Staff and some patients we spoke with were familiar with the practice mission statement and could articulate their values and vision for delivering high quality care.

The area where the provider should make improvement is:

- Review risk assessments for undertaking a Disclosure and Barring Service (DBS) check for non-clinical staff.

Professor Steve Field (CBE FRCP FFPH FRCGP)
Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting, recording, analysing and learning from significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received reasonable support, truthful information, and an apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, including infection and medicine risks and general health and safety risks. Risk assessments for undertaking a Disclosure and Barring Service (DBS) check for non-clinical staff were basic in detail and some of the activities and responsibilities carried out by these staff had not been assessed as a risk.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average 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 other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Patient feedback regarding their care and treatment was consistently positive in all areas. Staff were motivated to provide kind compassionate care and were proud of their practice and services provided.

Summary of findings

- Data from the national GP patient survey showed patients rated the practice higher than others both nationally and locally for several aspects of care. For example, 97% of respondents to the survey said the last GP they saw or spoke to was good at treating them with care and concern (compared to a national average of 85% and CCG average of 91%) and 98% said the last nurse they saw or spoke to was good at treating them with care and concern (compared to a national average of 91% and CCG average of 94%).
- Information for patients about the services available was easy to understand and accessible. Information was available to be provided in different formats such as large print and easy read.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Feedback from the patient participation group (PPG) was positive for the way the practice cared for its patients.

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example in care pathways, dementia and elderly care and the care of those at risk of unplanned admissions to hospital.
- Patients said they had no problems making appointments and urgent appointments were available the same day for all children and those patients who needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had access to translation services and could provide information in different formats.

Are services well-led?

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

Outstanding



- The practice had a clear vision with quality and safety as its top priority. They had a five year strategy to deliver this vision which had been produced with staff, patient representatives and

Summary of findings

stakeholders and was regularly reviewed and discussed with the staff. The mission statement was well publicised and promoted and staff and patients could articulate the values and vision of the practice.

- High standards were promoted and owned by all practice staff and teams worked together across all roles.
- There was a clear leadership structure and staff were well supported by management.
- There was a high level of staff satisfaction with some staff having worked there for long periods of time and low staff turnover rates. Staff were supervised, felt involved and worked as a team.
- There was a comprehensive, overarching governance framework supported by an effective IT infrastructure which included arrangements to monitor and improve quality and identify risk.
- The practice had a number of policies and procedures to govern activity. They held a variety of regular meetings which included governance issues as an agenda item.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty.
- The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients in innovative ways, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.
- The practice clearly demonstrated innovative ways of working and working with others in the health and social economy to improve patient care and treatment.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice had higher numbers of older patients than the national and local Clinical Commissioning Group (CCG) average with 29% of patients at the practice being over the age of 65 (compared to national average of 17% and CCG average of 25%). Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people.

- The practice offered proactive, personalised care to meet the needs of the older people in its population and had a range of enhanced services, for example, in avoiding unplanned hospital admissions, dementia, and end of life care.
- The practice participated in the frailty screening programme within the CCG to assess older people's frailty and plan care and services to include avoiding admission to hospital for these patients.
- The practice was responsive to the needs of older people, and offered home visits, longer appointments and urgent appointments for those with enhanced needs.
- Nationally reported data showed that outcomes for patients with conditions commonly found in older people were good. For example the percentage of patients with hypertension in whom the last blood pressure reading was 150/90mmHg or less was 84% and comparable to the CCG and national average. Whilst the percentage of patients with atrial fibrillation treated with anticoagulation therapy was 92% and also comparable to the CCG and national average.
- All the older patients had a named GP who coordinated their care and contacted patients over 75 following discharge from an unplanned hospital admission.
- Performance for Influenza vaccinations (including a large number of the patients vaccinated being over 65 years of age) was good with an improved vaccination rate so far in the programme compared to last year. (To date 67% of eligible patients had been vaccinated compared with 56% at the same time last year).

Good



People with long term conditions

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

Good



Summary of findings

- The practice had a relatively high number of registered diabetic patients (810 patients, which is 6.5% of the patient list) and monitored diabetic indicators in order to try to improve outcomes for this group. For example the Quality Outcomes Framework (QOF) results showed a high number of diabetic patients with raised HBA1c levels (blood test to estimate blood sugar levels over the previous several weeks) indicating poor control of diabetes. The practice introduced interim diabetic checks in addition to annual. This allowed reinforcement of healthy lifestyle affecting diabetes and medication reviews.
- Nursing staff and GPs had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance indicators for patients with long term conditions were around or above the CCG and National average. For example:

The percentage of patients on the diabetes register, in whom the last blood pressure reading (measured in the last 12 months) was 140/80mmHg or less was 86%. The CCG average was 79% and the national average was 78%.

The percentage of patients with asthma, on the register, who have had an asthma review in the preceeding12 months that included an assessment of asthma control using the three RCP questions was 74% (compared to the CCG average of 74% and national average of 75%).

- Longer appointments and home visits were available when needed for patients with long term conditions and multiple conditions.
- All these patients had a structured annual review to check their health and medicines needs were being met.
- For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

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 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.

Good



Summary of findings

- Immunisation rates were good for all standard childhood immunisations with immunisations uptake for all children aged five and under at 97% (unverified practice data). Non-attenders for immunisations were followed up and encouraged to attend.
- 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.
- Unwell children were always offered same day/urgent appointments.
- The percentage of women aged 25-64 whose notes recorded that a cervical screening test had been performed in the preceding five years was around average at 80%. (CCG average was 81%, national average was 82%).
- The practice provided in house services for sexual health screening and contraceptive implants.
- Appointments were available outside of school hours.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students).

The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.

- The practice offered online bookings of appointments and prescription requests and offered evening appointments and telephone consultations. Appointments could be pre booked or booked on the day and emergency appointments were also available daily for those in need and all children.
- Data showed that the practice had the highest percentage of online medication ordering within the CCG and had a high activity rate of registered online users.
- The practice offered a full range of health promotion and screening that reflected the needs for this age group for example NHS health checks for those aged 40 to 75 years old.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.

Good



Summary of findings

- The practice had a clinical lead and healthcare assistant support for learning disabilities with staff having undertaken specific training for people living with learning disabilities and supported by the community specialist team. They offered longer appointments (30 minutes) for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations. Information was available in different formats such as easy read and large print.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 82% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was comparable to the national average of 84%.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the preceding 12 months which was above the national average of 88% and CCG average of 88%.
- The practice told patients experiencing poor mental health about how to access various support groups and voluntary organisations and could signpost to relevant specialist services.
- 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 and for those who did not attend appointments.
- Staff had a good understanding of how to support patients with mental health needs and dementia and had undertaken specific training. They had a dementia care champion who linked with the local specialists in dementia care and provided training in-house to practice staff and also externally to other practices and local pharmacies.
- Longer appointments were offered to those patients with poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing consistently above local and national averages, 219 survey forms were distributed and 122 were returned (56% response rate). This represented 1% of the practice's patient list. Results showed, for example;

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73% and the CCG average of 69%.
- 87% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76% and the CCG average of 84%.
- 94% of patients described the overall experience of this GP practice as very good, good or fairly good compared to the national average of 85% and the CCG average of 90%.
- 94% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79% and the CCG average of 85%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 26 comment cards which were all extremely positive about the standard of care received. Comments

told us patients found they received an excellent service in all aspects of care. There was good access to appointments and staff were responsive to their needs, helpful, kind, caring and professional.

We spoke to five patients who were also members of the patient participation group. They said they found staff were kind, caring and approachable and said the practice provided an excellent service. They said there was no problem getting appointments that were convenient and urgent appointments were available on the same day.

The practice took into account comments from the NHS Friends and Family Test (FFT). Feedback was positive with patients saying they were extremely likely or likely to recommend the practice. Some comments made included receiving very good care, superb attention at all times from well organised and lovely people, always getting a great service and no problems with accessing appointments.

The practice also undertook an internal patient satisfaction survey led by the patient participation group (PPG). This took place in September 2016 during a dedicated flu vaccination clinic. Responses to the questions asked were extremely positive with 100% of patients saying they would be likely and extremely likely to recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Review risk assessments for undertaking a Disclosure and Barring Service (DBS) check for non-clinical staff.

Outstanding practice

- The practice clearly demonstrated innovative ways of working and working with others in the health and social economy to improve patient care and treatment. For example; they undertook frailty assessments and identification of those at risk through the recently implemented frail elderly programme, supported by the Clinical Commissioning Group (CCG).

Summary of findings

- The practice had developed and implemented a highly effective IT system which supported good governance in an open and honest culture.
- The mission statement for delivering the strategy had been developed with staff and patient

representatives (patient participation group) and was widely promoted and publicised. Staff and some patients we spoke with were familiar with the practice mission statement and could articulate their values and vision for delivering high quality care.

Ainsdale Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

A CQC Lead Inspector. The team included a GP specialist adviser and a second CQC inspector.

Background to Ainsdale Medical Centre

Ainsdale Medical Centre, 66 Station Road, Ainsdale, PR8 3HW, is registered with the Care Quality Commission to provide primary medical services. The practice provides GP services for approximately 12,580 patients living in Ainsdale area of Southport. The practice has five female GPs, four male GPs, an advanced nurse practitioner, three practice nurses, three healthcare assistants, administration and reception staff and a practice management team. It is a training practice and has GP Registrars and medical students working at the practice. Ainsdale Medical Centre holds a General Medical Services (GMS) contract with NHS England.

The practice is open Monday, Wednesday and Thursday 8am – 8pm and Tuesday and Friday 8am – 6.30pm.

Appointment times are 8.30am – 6pm and until 8pm on Monday Wednesday and Thursday

The practice offers extended hours until 8pm three times per week on Monday, Wednesday and Thursday.

Patients can book appointments in person, via the telephone or online. The practice provides telephone

consultations, pre-bookable consultations, urgent consultations and home visits. The practice treats patients of all ages and provides a range of primary medical services.

The practice is part of Southport and Formby Clinical Commissioning Group (CCG) and is situated in a more affluent area. The practice population is made up of a more elderly population group with 17% of the population under 18 years old and 29% of the population aged over 65 years old (compared to the national averages of 21% for under 18s and 17% for over 65s). Fifty nine per cent of the patient population has a long standing health condition and there is a lower than national and CCG average number of unemployed patients. Life expectancy for both males and females is higher than the national average.

The practice does not provide out of hours services. When the surgery is closed patients are directed to the local out of hour's service via NHS 111. Information regarding out of hours services was displayed on the website and in the practice information leaflet.

Why we carried out this inspection

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

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 19 October 2016. During our visit we:

- Spoke with a range of staff (GPs, advanced nurse practitioner, practice nurse, reception and administration staff and the practice management team) and spoke with patients who used the service and were PPG members.
- Explored how the GPs made clinical decisions.
- Observed how staff interacted with patients face to face and when speaking with people on the telephone.
- Reviewed CQC comment cards which included feedback from patients about their experiences of the service.
- Looked at the systems in place for the running of the service.
- Viewed a sample of key policies and procedures.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager and partners of any incidents and there was a recording form available on the practice's computer system. The incident recording form 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 evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information and an apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of significant events and reviewed them regularly to identify any themes and trends.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, changes to procedures for obtaining consent in minor surgery and review and implementation of a practice specific chest pain protocol.

Patient safety alerts were received by relevant staff and we saw evidence of action taken where relevant.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. We found staff were aware of information regarding recently issued safeguarding guidance and legislation; however this had not been incorporated into the policies and procedures. The practice acted upon this and after the inspection
- sent us evidence which demonstrated policies and procedures had been revised and now included recent national guidance and policy requirements. The revised policies and procedures had been distributed to all staff.
- Policies were accessible to all staff and safeguarding flowcharts were displayed in clinical and non-clinical areas for reference. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a clinical lead and support for both adult and child safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Clinical staff were also trained to level 3 and non-clinical staff to level 1.
- A notice in the waiting room and clinical rooms advised patients that chaperones were available if required. Only clinical staff acted as chaperones and they had received an appropriate 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).
- We observed the premises to be clean and tidy. Cleaning schedules were in place and monitored. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There were infection control policies and protocols in place and staff had received up to date training. We saw evidence of an infection control audit having been undertaken this year with identified areas for improvement. These had been incorporated into an action plan to address the issues.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best

Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Healthcare assistants (HCAs) were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber. (Patient Group Directions are written instructions for the supply or administration of medicines to groups of patients who may not be individually identified before presentation for treatment. Patient Specific Directions are written instructions, from a qualified and registered prescriber for a medicine including the dose, route and frequency or appliance to be supplied or administered to a named patient after the prescriber has assessed the patient on an individual basis.)

- We reviewed five staff personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). The practice had not undertaken DBS checks for non-clinical staff. They had undertaken a risk assessment for these staff however some of the activities and responsibilities carried out by these staff had not been assessed as a risk.
- Patient paper records were stored securely in locked fire retardant containers.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and

clinical equipment was calibrated and checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as general environmental, control of substances hazardous to health (COSHH) and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty. The GPs operated a buddy system to ensure appropriate cover and the practice regularly monitored staffing levels to ensure they met the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms and panic button alarms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the office and treatment rooms.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice assessed needs and delivered care in line with relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines.

- The practice had systems in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and used this information to deliver care and treatment that met patients' needs.
- The practice monitored that these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients, (QOF is a system intended to improve the quality of general practice and reward good practice). The results published for 2014/2015 showed the practice had achieved 99.4% of the total number of points available. Since the inspection more recent results had been published for the year 2015/2016. These showed the practice performed similarly and had achieved 99% of the total number of points available. Exception reporting for the clinical domain was lower than the CCG and national averages at 4.8% (national average = 9.2%, CCG average 7.3%). Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

Performance for diabetes related indicators was above or comparable to the CCG and national averages. For example:

The percentage of patients with diabetes, on the register, in whom the last blood pressure reading (measured in the preceding 12 months) was 140/80 mmHg or less was 86% compared to the CCG average of 79% and national average of 78%.

The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 95% compared to the CCG average of 91% and national average of 88%.

Performance for mental health related indicators was above or comparable to the national and local averages. For example:

94% of patients with schizophrenia, bipolar affective disorder and other psychoses had a comprehensive, agreed care plan documented in the record, in the preceding 12 months (01/04/2014 to 31/03/2015), compared to the CCG average of 88% and national average of 88%.

The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 82% compared to the CCG average of 82% and national average of 84%.

There was evidence of quality improvement including clinical audit.

- The practice showed us an audit timetable which included audits carried out by clinical and non-clinical staff. Audits were undertaken according to national and local priorities/guidelines and included re-auditing which demonstrated improvements and clinical outcomes.
- There had been a number of clinical audits completed in the last two years; most of these were completed audits where the improvements made were implemented and monitored. Examples of audits seen included Methotrexate review (used to treat arthritis), audit of ibuprofen prescribing for patients with chickenpox and treatment of stroke and atrial fibrillation.
- Improvements in practice were seen as a result of audits undertaken.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire

Are services effective?

(for example, treatment is effective)

safety, health and safety and confidentiality and included a period of supervision/mentorship. An employee handbook was given to all staff and included policies and procedures.

- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions and diabetes care.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines and took cervical smears could demonstrate how they stayed up to date for example by access to on line resources, face to face training and clinical supervision.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, clinical supervision and facilitation and support for revalidating GPs and nurses. Staff received an appraisal annually.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules, protected learning time and in-house face to face training.

Coordinating patient care and information sharing

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

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

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital.

Meetings took place with other health care professionals on a monthly or six weekly basis when care plans were routinely reviewed and updated for patients with complex needs.

A team approach was adopted in the practice for caring for patients with a terminal illness at the end stage of their life, for example monthly multi-disciplinary meetings took place involving the district nurses, palliative care nurses, and community matron where required updates and information was shared with all professionals. There was a lead GP for palliative care at the practice and systems were in place to liaise with the out of hours GP service provider.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support. For example: frail and elderly patients, patients receiving end of life care, carers, those at risk of developing a long-term conditions such as diabetes or at risk of unplanned admission to hospital and those requiring advice on their diet, smoking and alcohol cessation. The practice had signed up to a new programme for education and lifestyle change working with the CCG. This is a national programme addressing pre-diabetes with people at risk of going on to develop diabetes.

The practice was able to provide tailored care and treatment plans for these patients and also signpost patients to local support groups for example, smoking cessation and weight management.

The practice's uptake for the cervical screening programme was 80%, which was comparable to the CCG average of 81% and the national average of 82%. There was a policy to

Are services effective?

(for example, treatment is effective)

offer written reminders for patients who did not attend for their cervical screening test and the practice encouraged uptake by ensuring a female sample taker was available. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Bowel and breast cancer screening rates were around the national and CCG average with persons (aged 60-69) screened for bowel cancer in the last 30 months at 63% (national average 58%, CCG average 58%) and females (aged 50-70) screened for breast cancer in the last 36 months at 61% (national average 72% and CCG average 69%).

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds averaged at 97% and pre-school age (under-five's) also averaged at 97%. This was data submitted to us by the practice and had not yet been verified or published.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

Staff had a person centred approach to caring for their patients and the patients' family and friends. We observed members of staff were kind, courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private area to discuss their needs. They would take them to a more quiet area if they felt it more appropriate than talking to them at the private hatch at reception.

Staff had taken on various roles and training in these areas, for example they had a dementia care champion who linked closely with external specialist organisations to raise awareness and provide focussed care for patients and people close to them living with dementia. The dementia care champion provided training in-house to practice staff and also externally to other practices and local pharmacies.

All of the 26 patient Care Quality Commission comment cards we received were very positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, polite, kind, caring and treated them with dignity and respect.

We spoke with five patients who were also members of the patient participation group (PPG). They also told us they were very satisfied with the care provided by the practice and said their dignity and privacy was respected.

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

- 100% of patients said the GP was good at listening to them compared to the Clinical Commissioning Group (CCG) average of 93% and the national average of 87%.
- 92% of patients said the GP gave them enough time compared to the CCG average of 92% and the national average of 87%.
- 100% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 98% and the national average of 95%.
- 97% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 85%.
- 98% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 95% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in making decisions about the care and treatment they received. Patient feedback from the comment cards we received was also very positive and aligned with these views. We also saw that care plans were personalised.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 91% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 82%.
- 94% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 90% and the national average of 85%.

Are services caring?

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

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Various information leaflets were available and available in easy read format and other formats such as large print.

Patient and carer support to cope emotionally with care and treatment

Patient information leaflets and notices were available in the patient waiting area which told patients how to access a number of support groups and organisations. Information about support groups was also available on the practice website.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 251 patients as carers (2% of the practice list). Information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, the GP may contact them by telephone if appropriate.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified. For example in order to help reduce unplanned admissions to hospital the practice was taking part in an enhanced service. Their focus was on reducing admissions by identifying those at risk and improving services particularly for those patients who were vulnerable, frail and elderly or those with long term conditions. In order to do this the practice used a risk stratification tool and frailty screening tool and assessments to identify these patients and they had personalised care plans which were reviewed at regular intervals. Other examples showing how the practice had responded to meetings patients' needs were as follows:

- The practice offered extended hours access to nurse and doctor appointments three times per week up until 8pm for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Proactive home visits were carried out for those patients who were terminally ill and housebound.
- Same day appointments were available for children and those patients with medical problems that required same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those available privately.
- The practice was accessible to those patients with limited mobility with access to first floor consultation rooms by a lift and ramp access to the front of the building.
- There were translation services available.
- The practice offered a full range of online access such as appointment booking, prescription requests and online queries. Data showed that the practice had the highest percentage of online medication ordering within the CCG and had a high activity rate of registered online users.

Access to the service

The practice is open Monday, Wednesday and Thursday 8am – 8pm and Tuesday and Friday 8am – 6.30pm.

Appointment times are 8.30am – 6pm and until 8pm on Monday Wednesday and Thursday

The practice offers extended hours until 8pm three times per week on Monday, Wednesday and Thursday.

In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

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

- 83% of patients were satisfied with the practice's opening hours compared to the CCG average of 84% and the national average of 79%.
- 81% of patients said they could get through easily to the practice by phone compared to the CCG average of 69% and the national average of 73%.

People we spoke to and comments reviewed told us that there was no problem with getting appointments when patients needed them.

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

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

Are services responsive to people's needs?

(for example, to feedback?)

We looked at a sample of the 25 complaints received in the last 12 months and found these had been dealt with in a timely way and with openness and transparency. Lessons were learnt from individual concerns and complaints.

Are services well-led?

Outstanding



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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and on the practice website. Staff and some of the patients we spoke with could articulate the mission statement and understood the values. Feedback from patients told us they agreed with the mission statement and said it had been put into practice. The mission statement said that the practice would support patients in living healthier lives and care for them and the people close to them when they experienced poor health.
- Staff were aware of the vision and values that were promoted at the practice and believed they delivered these to the best of their ability. Staff were motivated to deliver the vision and values and were extremely proud of working at the practice.
- The practice had a comprehensive strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- An eleven point, four year strategy was developed in April 2014 with a vision to grow the size of the practice team and this included changing skill mix and developing existing staff. The strategy also included modernisation of the practice facilities, IT infrastructure and administration processes. The practice demonstrated how the strategy had progressed and how improvements had been made, such as increasing the numbers and skills of clinical staff with the addition of an advanced nurse practitioner, salaried GPs and enhanced training for healthcare assistants. Refurbishment of the practice had commenced and was ongoing. A new IT infrastructure had been implemented which supported effective quality monitoring and governance. It demonstrated and supported an open and honest culture, was easy to access and navigate and was used by all staff.

- Comprehensive and successful leadership development was in place, including proactive succession planning. This was seen in the development of GP Registrars and salaried GPs who worked at the practice becoming key members of the clinical staff.
- The strategy included succession planning as well as staff development.

Governance arrangements

The practice had a good intranet based overarching governance framework which supported the delivery of their strategy, values and good quality care. This outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure with clinical staff taking lead roles.
- There was a clearly articulated leadership roles and responsibilities structure with staff being fully aware of their own roles and responsibilities and taking lead roles in both clinical and non-clinical areas.
- Practice specific policies had been implemented and all staff were familiar with them and used them. They were easily accessible on the practice intranet and regularly reviewed and audited. These policies and procedures were linked to local and national guidance and legislation through the IT intranet system to enable staff to have easy access and keep up to date with them.
- Governance and performance management arrangements were proactively reviewed and reflected best practice. A comprehensive understanding of performance was maintained. A range of data and outcomes was regularly gathered, analysed and audited. This monitoring was supported well by the IT infrastructure and feedback to staff. The practice manager had developed and implemented an effective intranet system that supported good governance.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. A number of good audits and data analysis studies were undertaken through the audit programme. These were fed back to staff, accessible and linked to protocols and procedures through the intranet system.
- There were robust arrangements in place for identifying, recording and managing risks.

Are services well-led?

Outstanding



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

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Staff told us the partners were approachable and always took the time to listen to staff. Staff were encouraged and felt able to contribute to the practice, improvements to service and service developments. The leadership team were effective role models for the practice. For example two GP partners had walked up Mount Kilimanjaro for charity and various staff took part in a local charity run every year.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment, the practice gave affected people reasonable support, truthful information and an apology. The practice kept written records of verbal interactions as well as written correspondence.

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

- The practice held regular documented clinical and business meetings. These meeting minutes were accessible to all staff and shared learning took place.
- There were high levels of staff satisfaction. Staff were proud of the organisation as a place to work and spoke highly of the culture. They believed they were part of an innovative, hardworking team that put patients' well-being and needs at the forefront of the service. There were consistently high levels of constructive staff engagement.
- All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice. For example development and implementation of the IT infrastructure/intranet by the practice manager.

- Staff were respected, valued and supported, particularly by the partners and management in the practice. Appraisals and development plans monitored performance and training and development needs which then fed into the strategy.

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

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

- The practice had gathered feedback from patients through a variety of innovative methods. For example the patient participation group (PPG) had conducted a satisfaction survey and gained views from 93 patients during one day's flu clinic held in September. Every patient asked, said that they were likely or extremely likely to recommend this practice.
- The practice also gained feedback from the active PPG, through a variety of surveys (both internal and external) and through complaints received. The PPG were valued and worked well with the practice. They met regularly with the practice management team, carried out patient surveys, reviewed patient feedback and suggested improvements to the practice which were acted on. For example, the planned implementation of a patient participation group web page for the practice.
- Feedback was analysed, reported on and fed back to staff. Examples included a review of the national GP patient survey results, NHS Friends and Family Test, internal patient satisfaction surveys, local Healthwatch reports, comments and complaints.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice.

Are services well-led?

Outstanding



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

Practice staff had delivered training and awareness sessions and talks to other health and social care professionals and to patients and public on a variety of topics such as diabetes, healthy living and dementia awareness.

The practice was a training practice and valued the addition of GP Registrars and medical students. A number of GP Registrars had subsequently been employed at the practice following qualification as a GP (including four current GP partners and one salaried GP).

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example involvement and implementation of the

frailty screening, assessment and care planning initiative and the programme for education and lifestyle change working with the CCG to address pre-diabetes with people at risk of going on to develop diabetes.

The practice had implemented an IT infrastructure which supported good governance arrangements. All quality and governance information and monitoring systems were stored, accessible, linked and easily retrieved. All staff had access to the information they needed to support good delivery of care and treatment, monitoring and improving the quality of services and personal and professional development through this effective system. For example, the intranet was organised so that all policies and procedures were easily accessible and in a logical sense. Staff resources were linked through the system for external and internal support, guidance and legislation.