

The Castle 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

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Castle Practice on 3 May 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- 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.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Feedback from the lead health trainer was positive about how collective input had had a dramatic impact on patients' lives.

- 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 found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

The areas where the provider should make improvements are:

- The practice should ensure that all letters responding to complaints contain details of how to escalate the issue to the ombudsman.

Summary of findings

- The practice should ensure that the thermometers and temperature recording in the vaccine fridges comply with current guidance.
- The practice should review infection control processes to ensure a clear audit trail is maintained of cleaning carried out.
- The practice should review how they deliver services to patients with mental health problems and review their exception rates for this patient group.
- The practice should review exception rates for patients with a mental health diagnosis to increase the number of patients receiving treatment.

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 and recording 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 a 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.
- The method of ensuring that temperatures in the vaccine fridges were within the correct tolerances was not in line with current guidance. Specifically, each fridge had only one thermometer which was not being calibrated monthly.

Although we observed the premises to be clean and tidy, we found an area of the clinical storage room needed cleaning and records of daily cleaning processes were not robust.

Are services effective?

The practice is rated as good for providing effective services.

Good



- Data from the Quality and Outcomes Framework (QOF) showed most patient outcomes were above average compared to the national average. The most recent published results were 100% of the total number of points available.
- However, the exception rate for mental health indicators were significantly higher than 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.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey January 2016 showed patients rated the practice higher than others for several aspects of care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. For example, they ran an elderly care clinic once a week where patients could get social support as well as access to clinical staff for medicines reviews and dressings changed if needed.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice 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. However, not all letters of apology contained details of how to escalate the complaint if the patient was not satisfied with the response.

Good



Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- They were actively involved in developing new structures within the clinical commissioning group to support the development of GP services within the locality.

Good



Summary of findings

- 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 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.
- 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

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population.
- The practice was responsive to the needs of older patients and offered home visits and urgent appointments for those with enhanced needs.
- The practice visited one local care home and two nursing homes where they did a weekly 'ward round'.
- The practice ran an elderly care clinic once a week where patients could get social support as well as access to clinical staff for medicines reviews and dressing changes if needed.

Good



People with long term conditions

The practice is rated as good for the care of patients 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.
- 99% of patients with diabetes on the register had influenza immunisation in the period 04/2014 to 03/2015, compared to the clinical commissioning group average of 96% and national average of 94%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

- 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 patients who had a high number of A&E attendances. Immunisation rates were comparable to the clinical commissioning group (CCG) averages for all standard childhood immunisations.

Good



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.
- 89% of women on the register aged 25 to 64 had a cervical screening test in the last five years (04/2014 to 03/2015), compared to the CCG average of 85% and national average of 82%.
- 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.

Health trainers funded by the local authority did regular sessions at the practice offering advice and support to patients on a wide range of issues such as confidence and motivation healthy eating, weight loss, alcohol and general wellbeing.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.
- They offered health checks to patients aged 45 to 74 to identify patients at high risk of vascular disease, identifying patients with previously undiagnosed disease and help patients make lifestyle changes to reduce their risk of long term disease.
- 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.

Good



People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances those with a learning disability.
- The practice offered longer appointments and annual health checks 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.

Good



Summary of findings

- 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.
- The practice was registered with the local authority as a Safe Haven Place. This meant any person, whether a patient of the practice or not, could be directed to the surgery where they would be offered support and made safe.

People experiencing poor mental health (including people with dementia)

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

- 95% 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 clinical commissioning group (CCG) average of 88% and national average of 84%.
- 96% of patients with psychoses had their alcohol consumption recorded in the last 12 months (04/2014 to 03/2015), compared to the CCG average of 93% and national average of 90%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.

Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. Two hundred and sixty-eight survey forms were distributed and 117 were returned. This represented about 1% of the practice's patient list.

- 88% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 75% 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%.
- 90% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 82% 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%.

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

We spoke with ten patients during the inspection. All ten patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. They said appointments were easy to get and the triage system used by the practice worked well.

The friends and family test showed that 90% of patients who responded were extremely likely or likely to recommend the practice to friends and family.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvements are:

- The practice should ensure that all letters responding to complaints contain details of how to escalate the issue to the ombudsman.
- The practice should ensure that the thermometers and temperature recording in the vaccine fridges comply with current guidance.

- The practice should review infection control processes to ensure a clear audit trail is maintained of cleaning carried out.
- The practice should review how they deliver services to patients with mental health problems and review their exception rates for this patient group.

The practice should review exception rates for patients with a mental health diagnosis to increase the number of patients receiving treatment.

The Castle Practice

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and a practice manager specialist adviser.

Background to The Castle Practice

The Castle Practice is located in a purpose built building near the centre of Ludgershall in Wiltshire. All the consulting rooms are on the ground floor.

The practice delivers its services under a Personal Medical Services (PMS) contract (A PMS contract is a contract between NHS England and general practices for delivering personal medical services) to approximately 11,400 patients at the following address: The Castle Practice, Central Street, Ludgershall, Andover, SP11 9RA.

They also run a branch surgery at: Drummers Lane, Station Road, Tidworth, SP9 7FH. This branch was not visited during this inspection.

The practice is a registered yellow fever vaccine centre.

There are five GP partners and three salaried GPs, providing the equivalent of six and a half full time GPs. Two are male and six are female. There are six practice nurses, two health care assistants, a business manager, and a team of 17 receptionists and administrators who support the practice manager.

The practice is a training practice and at the time of our inspection they had one doctor in foundation training and two GP registrars in their last year of specialist training working with them.

The practice has a higher than average number of patients under ten years old. The general index of Multiple Deprivation (IMD) population profile for the geographic area of the practice is in the second least deprivation decile. (An area itself is not deprived: it is the circumstances and life styles of the people living there that affect its deprivation score.) Average male and female life expectancy for the area is 80 and 84 years, which is broadly in line with the national average of 79 and 83 years respectively. The practice is close to a number of military bases, the practice supported military personnel temporarily based there.

The practice has a higher than average turnover with approximately 12% of patients de-registering each year and being replaced by the same number of new patients registering.

The practice is open between 8am and 6.30pm Monday to Friday. Appointments with GPs are from 8.30am to 5pm. Extended surgery hours were from 7am to 8.30am on Tuesdays and 6.30pm to 8pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients who needed them.

The practice has opted out of providing out of hours services to their patients. The out of hours service is provided by MEDVIVO and is accessed by calling NHS 111.

Detailed findings

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.

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 3 May 2016. During our visit we:

- Spoke with a range of staff including six GPs, two nurses, a health care assistant, the practice manager, the business manager and four members of the reception/admin team.
- We spoke with ten patients who used the service including seven members of the patient's participation group.
- Observed how patients were being cared for and talked with carers and/or family members
- 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.
- We did not visit the branch surgery during our inspection.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The 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, a written 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 the significant events.

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, when a patient who was registered under their maiden name booked an appointment under their married name, the receptionist opened the wrong patients' front sheet on the computer and some confidential information was inadvertently released to the patient. This was later discussed at a practice meeting and staff alerted to the issue to prevent it happening again.

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. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended

safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three. Nurses were trained to either level two or three.

- A notice in the waiting room and each consulting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice did not maintained appropriate standards of cleanliness and hygiene. Although we observed the premises to be clean and tidy, except for some high surfaces in some of the clinical areas. We saw a book in which a non-clinical member of staff signed to confirm they had inspected the cleaning done.
- One of practice nurses was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines other than vaccines, including emergency medicines, 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 clinical commissioning group pharmacy teams, to ensure prescribing was in line with best 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 (PGDs) had been adopted by the practice to allow nurses to

Are services safe?

administer medicines in line with legislation. Health Care Assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.

- However, the arrangements for managing vaccines were not adequate. The two fridges used to store vaccines were new with inbuilt thermometers and the temperatures were being recorded daily. However, there was no second back up thermometer being used and the thermometer in use was not being calibrated monthly.
- The practice held stocks of controlled drugs (medicines that require extra checks and special storage because of their potential misuse) and had procedures in place to manage them safely. There were also arrangements in place for the destruction of controlled drugs.
- We reviewed five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

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 in the reception office 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 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 control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). At the time of our inspection the practice was undertaking remedial work identified by a recent legionella risk assessment.

- 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.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency.
- All staff received annual basic life support training and there were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- 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 most recent published results were 100% of the total number of points available. The overall exception reporting rate was 15% which was slightly above the clinical commissioning group average of 13% and national average of 10%. (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).

However, the exception rate for mental health indicators were significantly higher than average. For example, the exception rate for patients with psychosis who had been agreed care plan documented in their records was 51%[HD1], compared to the clinical commissioning group average of 18%. We discussed this with the practice during the inspection. We were told patients were sent three letters inviting them to make an appointment for their annual review. If they did not respond to any of these patients were then excepted. The practice had reviewed this data but they had no plans in place to address high exception rates.

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

- Performance for diabetes related indicators was similar to the national average. For an example, 93% of patients on the register with diabetes had a foot examination and risk assessment in the last 12 months (04/2014 to 03/2015), compared to the clinical commissioning group (CCG) average of 91%.
- Performance for mental health related indicators was comparable to the national average. For example, 79% of patients with diabetes on the register had a blood pressure recorded in the last 12 months (04/2014 to 03/2015), compared to the national average of 78%.

There was evidence of quality improvement including clinical audit.

- There had been six clinical audits completed in the last year. Two of these were completed audits where the improvements identified were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of a urinary tract infection audit [HD2] was to remind clinical staff of the current guidelines and recommended further training for clinical staff and staff in local care homes and nursing homes.

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 safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion practice meetings.

Are services effective?

(for example, treatment is effective)

- 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, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- 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 and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- 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 basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005. When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.

- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet and alcohol cessation. Patients were signposted to the relevant service.
- Smoking cessation advice was offered by the practice.
- Health trainers funded by the local authority did regular sessions at the practice, offering advice and support to patients on a wide range of issues such as confidence and motivation, healthy eating, weight loss, alcohol and general wellbeing. The lead health trainer wrote to CQC prior to the inspection saying how much support they had received from the practice and gave examples of how the input had had a dramatic impact on patients' lives.
- They worked in partnership with other agencies to provide care and treatment for patients with drug problems, adopting a shared approach that ensured patients were offered psychological and social support. Additionally they received an appropriate level of supervision of their prescribed medicines and training opportunities alongside the medical treatment and access to a specialist recovery worker. These patients had their care reviewed every three months.
- They offered a sexual health service aimed at young patients for both registered and unregistered patients.
- We heard from a volunteer at the local radio station who regularly interviewed the doctors to increase public awareness of health matters.
- There was a blood pressure testing machine in the waiting room for patients to use.

The practice's uptake for the cervical screening programme was 72%, which was comparable to the CCG average of 77% and the national average of 82%. There was a policy to

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

offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. 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.

Childhood immunisation rates for the vaccines given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 78% to 97% compared to the CCG range from 83% to 98%, and five year olds from 87% to 95% compared to the CCG range from 92% to 97%.

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

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

The three patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered a good service and staff were helpful, caring and treated them with dignity and respect.

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

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

- 95% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of patients said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.
- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 89% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 88% 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 decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also 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 slightly better than local and national averages. For example:

- 94% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 85% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 89% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.

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.
- Information leaflets were available in easy read format.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

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 212 patients as carers (1.8%) of the practice list. Written 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 practice team was informed and their usual GP contacted them. It was also discussed at the weekly practice meeting.

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, as part of a local initiative the practice had started an elderly care clinic, which they called the Wellcome Café. Patients were invited to attend the practice every Wednesday morning where they met as a group. Clinical staff were on hand to complete medicines reviews and change patients' dressings if needed. The practice often arranged for speakers to attend, such as the health trainer and dietician. Although no formal conclusions had yet been made from this project, we were told the nursing team had noticed a drop in weekly appointments for the patients who attended this clinic.

The practice had higher than average turnover of patients due to having a large number of patients where one or more members of the family was in the military. This group tended to be younger and have a higher than average incidence of depression, smoking and alcohol issues. They also had military veterans who suffered post-traumatic stress disorders. The practice had tailored their services to meet the needs of this group. For example, this group tended to get a higher than average number of patients ringing up and asking for an urgent same day appointment. The practice had responded by introducing a triage system where a GP or nurse would phone patients back to discuss their concern and agree an appropriate course of action.

- The practice offered extended surgery hours from 7am to 8.30am on Tuesday and 6.30pm to 8pm on Thursday for those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- They ran weekly smoking cessation clinics. There was a walk-in clinic in the main surgery and bookable appointments were available at the branch surgery three miles away.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.

- They participated in a local scheme aimed at improving the care to the elderly which included an elderly care clinic and a safe discharge scheme.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Military veterans were identified on the practice computer system.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- The practice participated in a locality scheme where they paid for individual nursing home places for patients, funded from the saving they made by having less patients admitted to acute hospital units.
- There were disabled facilities and translation services available.
- The practice was registered with the local authority as a Safe Haven Place. This meant any person, whether a patient of the practice or not, could be directed to the surgery where they would be offered support and made safe.

Access to the service

The practice was open between 8am and 6.30pm Monday to Friday. Appointments with GPs were from 8.30am to 5pm. Extended surgery hours were from 7am to 8.30am on Tuesdays and 6.30pm to 8pm on Thursdays. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients who needed them.

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

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 88% of patients said they could get through easily to the practice by phone, compared to the national average of 73%.

The practice operated a triage system for patients phoning up for a same day appointment. A nurse or GP would ring patients back to discuss the problem and agree a course of action, which could be a same day appointment. All the patients we spoke with said this system worked well.

Are services responsive to people's needs?

(for example, to feedback?)

The practice used data from the National patient survey to review and improve their service. For example, we saw a practice report reviewing the national patient survey data, which identified a number of action the practice would take to improve their service, such as additional staff training, reviewing rotors, reviewing appointment availability of partners and discussing working jointly with neighbouring partners on extended hours appointment

People told us on the day of the inspection that they were able to get appointments when they needed them.

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

- We saw that information was available to help patients understand the complaints system.

We looked at five complaints received in the last 12 months and there were dealt with in a timely way, with openness and transparency. For example, when a patient complained about a possible breach of confidentiality, the practice investigated and found that although confidentiality had not been breached, an error had been made and the patient was given a full written apology from the GP. Lessons were learnt from individual complaints and also from analysis of trends.

However, the practice had recently changed their policy and now asked staff involved in an incident that resulted in a complaint to draft the letter of apology. We found a few letters that did not contain the required details about how to escalate the complaint if the patient was not satisfied with the response.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- The practice was aware of plans for an increase number of military personal and their families to move into the area and was actively working to meet the needs of this group.
- They were actively involved in developing new structures within the clinical commissioning group to support the development of GP practices. The practice planned to set up a seven day week service within a network of local practices.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements. However, the arrangements for monitoring cleanliness in the practice were not robust enough.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

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. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

- Staff told us the practice held regular team meetings.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. 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.

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 the patient participation group (PPG) and through surveys and complaints received. The PPG met

Are services well-led?

Good 

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

regularly and meetings were attended by the practice manager who chaired the meetings and usually one of the GP partners. The PPG told us they were involved in reviewing posters and leaflets, and were listened to when they made suggestions. For example, the practice had been looking at the extended hours service they offered as a result of feedback from the PPG and were actively looking to introduce a 7 day a week service in partnership with other practices.

- Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of a number of all local pilot schemes to improve outcomes for patients in the area. For example, they had recently recruited a clinical pharmacist as part of a new pharmacy pilot scheme which aimed to reduce polypharmacy (a term used to describe patients in receipt of four or more medicines) and improve medicines reviews.

The practice were early adopters of new technology. For example, they had recently installed new dictation and speech recognition software.