

Stoney Stanton Medical Centre

Quality Report

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Date of inspection visit: 18 October 2017

Date of publication: 08/12/2017

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 Stoney Stanton Medical Practice on 18 October 2017. 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 a system in place for reporting and recording significant events and we saw evidence of this and how learning outcomes had been shared.
- The practice had defined systems to minimise risks to patient safety. Some staff files did not contain all relevant information required prior to commencement of employment as set out in the recruitment policy.
- Staff were aware of current evidence based guidance. Staff had been trained to provide them with the skills and knowledge to deliver effective care and treatment.
- Results from the national GP patient survey were positive and showed patients were treated with

compassion, dignity and respect and were involved in their care and decisions about their treatment. Patients we spoke with during our inspection confirmed these views.

- The practice had a complaints procedure but this required updating and making clearly visible for patients in the waiting area. However, the practice acted promptly and addressed these issues and confirmed they had made information about how to complain available. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients we spoke with 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. Results from the national patient survey also supported this view.
- 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.

Summary of findings

- The provider was aware of the requirements of the duty of candour. Examples we reviewed showed the practice complied with these requirements.

The areas where the provider should make improvement are:

- Ensure all relevant documentation is maintained in staff files in line with the practice recruitment policy.
- Ensure all policies are updated and that review dates are included.
- Minutes of staff meetings should be more comprehensive and circulated to all staff.
- Ensure portable appliance testing (PAT) schedules include all electrical equipment in use at the practice.
- Introduce a means of assuring that the cleaning schedule had been carried out as required.

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.
- From the sample of documented examples we reviewed, we found there was an effective system for reporting and recording significant events and we saw that lessons were shared and action was taken to improve safety in the practice. When things went wrong patients were informed as soon as practicable, received reasonable support, information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had systems, processes and practices to minimise risks to patient safety. Staff files did not contain all relevant information required prior to commencement of employment as set out in the recruitment policy.
- We noted that the safeguarding policy required updating. However, discussions with staff demonstrated that they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role.
- The practice had adequate arrangements to respond to emergencies and major incidents.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework showed patient outcomes were comparable to the CCG and national averages.
- Staff were aware of current evidence based guidance and used the Clinical Commissioning Group (CCG) funded GP Gateway system which is a computerised system that provides locally agreed guidelines, as well as referral and prescribing information.
- We saw that the practice had carried out two clinical audits in the last two years which demonstrated quality improvement.
- Staff had the skills and knowledge to deliver effective care and treatment and the lead GP had additional training and a special interest in diabetes. They had acknowledged that the practice population was at increased risk of developing diabetes and worked proactively offering pre-diabetes screening.

Good



Summary of findings

- 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.
- End of life care was coordinated with other services involved.

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients rated the practice as comparable with the CCG and national average.
- Survey information we reviewed showed that patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment. Friends and Family results were also positive.
- Information for patients about the services available was accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.
- Patients we spoke with during our inspection spoke positively about the caring nature of staff at the practice.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- The practice understood its population profile and had used this understanding to meet the needs of its population. They provided telephone appointments in response to feedback from younger patients.
- The practice had worked with the local Food Bank and promoted this in the practice to provide food for local patients in need and without food.
- The practice took account of the needs and preferences of patients with life-limiting conditions, including patients with a condition other than cancer and patients living with dementia.
- Patients we spoke with 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.
- We saw evidence that showed the practice responded appropriately to complaints raised. Learning from complaints was shared with staff and other stakeholders. We noted that the

Good



Summary of findings

complaints procedure was not displayed in the waiting area but was included in the practice leaflet. However, the practice addressed this promptly and made the complaints procedure visible to all patients on entry.

Are services well-led?

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

- The practice had a 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.
- There was a clear leadership structure and staff felt supported by management. The practice had policies and procedures to govern activity, although these required updating. The practice held regular meetings which included governance issues and although these were minuted, the detail was brief and did not always make clear what had been discussed.
- An overarching governance framework supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- Staff told us they had received an induction but there was no documentation in the staff file to confirm this. Staff received annual performance reviews and attended staff meetings and training opportunities.
- The provider was aware of the requirements of the duty of candour. In two examples we reviewed we saw evidence the practice complied with these requirements.
- The partners encouraged a culture of openness and honesty. The practice had systems for being aware of notifiable safety incidents and sharing the information with staff and ensuring appropriate action was taken.
- The practice proactively sought feedback from staff and patients and we saw examples where feedback had been acted on. The practice engaged with the patient participation group who told us they had a positive relationship with the practice.
- There was a focus on continuous learning and improvement at all levels. Staff training was a priority and was built into staff rotas.
- GPs who were skilled in specialist areas used their expertise to offer additional services to patients.

Good



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.

- Staff were able to recognise the signs of abuse in older patients and knew how to escalate any concerns.
- 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 as well as domiciliary blood tests.
- The practice identified at an early stage older patients who may need palliative care as they were approaching the end of life. It involved older patients in planning and making decisions about their care, including their end of life care.
- The practice followed up on older patients discharged from hospital and ensured that their care plans were updated to reflect any extra needs as well as maintaining regular multi-disciplinary meetings with other care staff involved.
- Older patients were provided with health promotional advice and support to help them to maintain their health and independence for as long as possible. The practice offered referral to a local representative from Age Concern.

Good



People with long term conditions

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

- The practice nurse had additional qualifications in long term conditions such as diabetes, asthma and chronic obstructive pulmonary disease (COPD). Nursing staff had lead roles in long-term disease management and patients at risk of hospital admission were identified as a priority.
- One GP had a special interest in diabetes and had received additional training in this condition. The overall QOF achievement for diabetes was 90% which was in line with the CCG average of 93% and national average of 91%. Exception reporting was below the CCG and national averages in almost all indicators.
- The practice followed up on patients with long-term conditions discharged from hospital and ensured that their care plans were updated to reflect any additional needs.
- There were emergency processes for patients with long-term conditions who experienced a sudden deterioration in health.

Good



Summary of findings

- All these patients had a named GP and there was a system to recall patients for 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 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 accident and emergency (A&E) attendances.
- Immunisation rates were high for all standard childhood immunisations.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- The practice worked with midwives and health visitors to support this population group. For example, in the provision of ante-natal, post-natal and child health surveillance clinics.
- The practice had emergency processes for acutely ill children and young people and for acute pregnancy complications.

Good



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 these populations had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care, for example, extended opening hours for both GP and nurse appointments.
- The practice offered online services as well as a full range of health promotion and screening that reflected the needs for this age group.
- The practice offered a service which allowed patients to order prescriptions and collect from a pharmacy of their choice.

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.

Good



Summary of findings

- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- End of life care was delivered in a coordinated way which took into account the needs of those whose circumstances may make them vulnerable.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice had information available for vulnerable patients about how to access various support groups and voluntary organisations.
- Staff interviewed knew how to recognise signs of abuse in children, young people and adults whose circumstances may make them vulnerable. They 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).

- The practice carried out advance care planning for patients living with dementia.
- 100% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the CCG and national average of 81% and 84% respectively. The practice had not exception reported any patients from this group.
- The practice specifically considered the physical health needs of patients with poor mental health and dementia. They offered an in-house service from Dementia UK Admiral Nurses who offered support to patients with dementia and their families.
- The practice had a system for monitoring repeat prescribing for patients receiving medicines for mental health needs.
- 94% of patients with schizophrenia, bipolar affective disorder and other psychoses had had a comprehensive care plan documented in the record, in the preceding 12 months, agreed between individuals, their family and/or carers as appropriate which was higher than the CCG and national averages of 88% and 90% respectively.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.

Good



Summary of findings

- The practice had information available for patients experiencing poor mental health about how they could access various support groups and voluntary organisations. For example, they had Improving Access to Psychological Therapies (IAPT) service attending the practice to offer support to patients.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff interviewed had a good understanding of how to support patients with mental health needs and dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2017. The results showed that patient satisfaction was higher than the local and national averages in most areas. There were 333 survey forms distributed and 116 were returned. This was a 35% response rate and represented 2.4% of the practice's patient list.

- 97% of patients described the overall experience of this GP practice as good compared with the CCG average of 84% and the national average of 85%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 74% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 75% and national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards which were consistently positive about the standard of care received. Patients frequently commented on the friendly and helpful reception staff and how the GPs took time to listen and provide the right treatment and information to them.

We spoke with five patients during the inspection, three of whom were members of the patient participation group (PPG). All patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service SHOULD take to improve

The areas where the provider should make improvement are:

- Ensure all relevant documentation is maintained in staff files in line with the practice recruitment policy.
- Ensure all policies are updated and that review dates are included.
- Minutes of staff meetings should be more comprehensive and circulated to all staff.
- Ensure portable appliance testing (PAT) schedules include all electrical equipment in use at the practice.
- Introduce a means of assuring that the cleaning schedule had been carried out as required.

Stoney Stanton Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Stoney Stanton Medical Centre

The Stoney Stanton Medical Centre is a GP practice which provides primary medical services under a General Medical Services (GMS) contract to a population of approximately 4,900 patients living in the Foleshill and surrounding areas of Coventry. A GMS contract is a nationally agreed contract used for medical services providers.

The practice operates from a two storey building which has parking facilities on site with disabled parking spaces. Consultations all take place on the ground floor. There is a disabled access approach to the main reception with a bell system to alert staff to provide assistance to open the main door if required. There is a spacious waiting area allowing easy access for patients with mobility aids to manoeuvre.

The practice population has a higher than average number of patients aged 0 to 14 years and 25 to 40 years and a lower than average number of patients in the 45 to 85 year age group. National data indicates that the area is one that experiences high levels of deprivation. The practice population is mixed with high numbers of patients from ethnic minority groups, whose first language is not English such as Asian and Pakistani.

The practice has two partners (one male and one female) and uses the services of two regular locum GPs. They employ a practice nurse who is also a nurse prescriber, one health care assistant, and a practice manager, who are supported by three reception staff, a prescriptions clerk and a medical secretary.

The practice offer minor surgical procedures such as joint injections, and family planning services including fitting of intrauterine devices and contraceptive implants.

The practice is open at the following times:

- Monday: 8am to 6.30pm
- Tuesday: 8am to 6.30pm – (6.30pm to 7.30pm GP extended hours appointments only)
- Wednesday: 8am to 6.30pm – (6.30pm to 8pm nurse appointments only)
- Thursday: 8am to 6.30pm
- Friday: 8.30am to 6.30pm

The practice does not provide out of hours services beyond these hours. The local out of hours service is provided by the Warwickshire Ambulance Service which can be accessed via the NHS 111 Service.

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

Detailed findings

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 this inspection, we reviewed a range of information we held about the practice and asked other organisations to share what they knew.

We carried out an announced inspection on 18 October 2017. As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 43 comment cards, which were positive about the standard of care received. Patients described staff as friendly, helpful and caring and felt they were treated with dignity and respect.

During the inspection we spoke with three members of the Patient Participation Group (PPG) and two patients. We spoke with the both GPs, the practice nurse, practice manager and three members of administrative and reception staff.

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 are provided for specific groups of people and what good care looks 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)

Are services safe?

Our findings

Safe track record and learning

There was a system 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 for staff to complete. 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 examples of significant events which had been appropriately reported and investigated and we found that when things went wrong with care and treatment, patients were informed of the incident as soon as reasonably practicable, received reasonable support, information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where significant events were discussed. The practice carried out a thorough analysis of the significant events.

Overview of safety systems and processes

The practice had defined and embedded systems, processes and practices in place to minimise risks to patient safety.

- Arrangements for safeguarding reflected relevant legislation and local requirements. We saw there were flow charts available in all the clinical areas and reception with correct information to inform staff of what actions to take in the event of concerns regarding safeguarding. However, we noted whilst the practice safeguarding policy was available to all staff it required updating. The existing policy outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding.
- Staff interviewed demonstrated they understood their responsibilities regarding safeguarding and had

received training on safeguarding children and vulnerable adults relevant to their role. GPs and the practice nurse were trained to child protection or child safeguarding level three.

- A notice in the waiting 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, with the exception of the health care assistant (HCA) as this had been applied for but not returned. The practice provided evidence of a risk assessment which showed the rationale for allowing the HCA to carry out a limited role under appropriate supervision until the DBS check was returned. The risk assessment was not available to us on the day of the inspection; however the practice was able to evidence that it had been carried out before the member of staff had started work but had not been filed in the relevant staff file. The practice pursued the progress of the DBS check immediately and was informed that there had been a delay in sending this out. They submitted evidence that the DBS certificate had been received two days following our inspection. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).

The practice maintained appropriate standards of cleanliness and hygiene.

- We observed the premises to be clean and tidy. There were cleaning schedules to instruct the cleaning staff of what was required and the practice manager maintained a communication log in reception to enter any queries, although there was no recording log to show the procedures had been carried out.
- The practice nurse was the infection prevention and control (IPC) clinical lead who had received appropriate training from the local infection prevention team at the protected learning session to keep up to date with best practice. There was an IPC protocol and staff had received up to date training. Annual IPC audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.

Are services safe?

The arrangements for managing medicines, including emergency medicines and vaccines, in the practice minimised risks to patient safety (including obtaining, prescribing, recording, handling, storing, security and disposal).

- The practice had a clear process for dealing with repeat prescriptions which included the review of high risk medicines and staff demonstrated a thorough knowledge of this process. Repeat prescriptions were signed before being dispensed to patients and there was a reliable process to ensure this occurred. All uncollected prescriptions were reviewed by the GP every month and the GP contacted patients for review if necessary. We saw the practice had a register for high risk medicines review and carried out regular blood tests and monitoring as necessary. The practice carried out regular medicines audits, with the support of a pharmacist allocated to the practice who assisted the practice in auditing and ensuring necessary actions were taken in response to changes in prescribing guidance and best practice. Blank prescription forms and pads were securely stored and there were systems to monitor their use. The nurse had qualified as an Independent Prescriber and could therefore prescribe medicines for clinical conditions within their expertise. They received mentorship and support from the medical staff for this extended role. Patient Group Directions had been adopted by the practice to allow the nurse to administer medicines in line with legislation.

We reviewed personnel files and found recruitment checks had been undertaken in part, but there were omissions. For example, there was no photographic identification and there was no evidence that proof of previous employment had been received for some staff. Whilst there had been a DBS application made for the health care assistant, this had not been received prior to the commencement of employment and them carrying out regulated activities. However, the practice provided evidence to demonstrate that a risk assessment had been undertaken.

Monitoring risks to patients

There were procedures for assessing, monitoring and managing risks to patient and staff safety.

- There was a health and safety policy available.
- The practice had an up to date fire risk assessment and carried out regular fire drills. Staff demonstrated they

were aware of the fire procedures, although some staff required fire update training. Following our inspection the practice manager provided evidence that this had been completed.

- All clinical equipment was checked and calibrated to ensure it was safe to use and was in good working order. Portable appliance testing had been carried out on most electrical equipment to ensure it was safe to use, but we noted that there were some items such as fans, a kettle and computers that had been omitted from the schedule. The practice responded immediately to this and ensured this was carried out following our inspection and submitted evidence to confirm this.
- The practice had a variety of other risk assessments 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system to ensure enough staff were on duty to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

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

- There was a panic button available to alert 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.
- 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 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

Clinicians were aware of relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. They used the local GP Gateway system which provided pathways for referral, guidelines for prescribing, and all national and local best practice guidelines. This was regularly updated and the lead GP was notified via email of any changes.

- 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 from 2016/17 showed the practice had achieved 96% of the total number of points available which was the same as the clinical commissioning group (CCG) and national average. The practice exception reporting rate was 5% which was below the CCG and national averages of 8% and 10% respectively. 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 2016/17 showed:

- The overall performance for diabetes related indicators was 90% which was comparable to the CCG average of 93% and national average of 91%.
- The overall performance for mental health related indicators 89% which was also comparable to the CCG average of 92% and the national average of 94%

There was evidence of quality improvement including clinical audit:

- There had been two complete clinical audits carried out in the last two years where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, a recent audit had demonstrated that they had reduced referral rates to secondary care.

Effective staffing

Evidence reviewed showed that staff had the skills and knowledge 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. For example, we saw that the practice nurse had additional training in asthma, diabetes and chronic obstructive pulmonary disease.
- 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 at practice meetings.
- 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 and facilitation and support for revalidating GPs and nurses. 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.

Are services effective?

(for example, treatment is effective)

- This included care and risk assessments, care plans, medical records and investigation and test results.
- From the sample of documented examples we reviewed we found that 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. Information was shared between services, with patients' consent, using a shared care record. 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.

The practice ensured that end of life care was delivered in a coordinated way which took into account the needs of different patients, including those who may be vulnerable because of their circumstances. The practice communicated with the out of hours service and community teams to notify them of any patients who were at the end of life or of patients and any specific requirements.

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 and signposted them to relevant services. 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, smoking and alcohol cessation.
- The practice engaged in Frailty Scoring which enabled them to review patients at high risk of admission to hospital and identify any areas which needed addressing to promote their health and wellbeing and prevent admission to hospital.

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

Childhood immunisations were carried out in line with the national childhood vaccination programme. Uptake rates for the vaccines given were high and comparable to the CCG and national averages. For example, rates for the vaccines given to under two year olds ranged from 95% to 97% and five year olds from 95% to 98% which was the same as the CCG average and above the national average of between 88% and 94%.

There was a policy to offer telephone or written 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 uptake rate for breast screening was 68% which was comparable with the CCG and national averages of 70% and 73% respectively. The uptake rate for bowel screening was 39% which was lower than the CCG and national averages of 57% and 58% respectively. We saw that the practice encouraged uptake with information in the waiting areas and the practice also encouraged its patients to attend national screening programmes for bowel and breast cancer opportunistically. There were failsafe systems 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.

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 years. The practice had offered 125 health checks and completed 104 of these. 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

Patients we spoke with and observations we made during our inspection demonstrated that staff were courteous and 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.
- Consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew that if patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Patients could be treated by a clinician of the same sex.

All of the 42 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients commented how they had been supported by their GP through difficult long term health problems and how they had found this beneficial.

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

Results from the national GP patient survey published in July 2017 showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores in several areas. For example:

- 87% of patients said the GP was good at listening to them compared with the clinical commissioning group (CCG) and national average of 89%.
- 89% of patients said the GP gave them enough time compared to the CCG and national average of 87%.
- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG and national average of 95%

- 85% of patients said the last GP they spoke to was good at treating them with care and concern which was the same as the CCG and national average.
- 91% of patients said the nurse was good at listening to them which was the same as the clinical commissioning group (CCG) and the national average.
- 93% of patients said the nurse gave them enough time compared with the CCG and the national average of 92%.
- 96% of patients said they had confidence and trust in the last nurse they saw compared with the CCG and the national average of 97%.
- 87% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 90% and national average of 91%.
- 97% of patients said they found the receptionists at the practice helpful compared with the CCG average of 86% 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.

Children and young people were treated in an age-appropriate way and recognised as individuals.

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 in line with local and national averages. For example:

- 87% of patients said the last GP they saw was good at explaining tests and treatments compared with the CCG average of 85% and the national average of 86%.
- 80% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 81% and national average of 82%.
- 90% of patients said the last nurse they saw was good at explaining tests and treatments compared with the CCG average of 89% and the national average of 90%.

Are services caring?

- 85% of patients said the last nurse they saw was good at involving them in decisions about their care which was the same as the CCG and national average.

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

- Staff told us that interpretation services were available for patients who did not have English as a first language.
- The GPs discussed the management pathways with patients during their consultation.
- Information leaflets were available in easy read format.
- The e-referral service was used with patients as appropriate. (E-referral is a national electronic referral service which gives patients a choice of place, date and time for their first outpatient appointment in a hospital.

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. Support for isolated or house-bound patients included signposting to relevant support and volunteer services, for example, we saw information regarding the carer's trust, mental health team information and community alcohol services. The practice also produced a newsletter which included information regarding library services and the local food bank and the Alzheimer's Society.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 67 patients as carers which represented 1.3% of the practice list. Written information was available to direct carers to the various avenues of support available to them. Older carers were offered timely and appropriate support. The practice had access to the Admiral Nurse service who offered support to families of patients with dementia.

Staff told us that if families had experienced bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs or by giving them advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice understood its population profile and had used this understanding to meet the needs of its population:

- The practice offered extended hours on a Wednesday and Thursday evenings until 7.30pm for working patients and those who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice took account of the needs and preferences of patients with life-limiting progressive conditions. There were early and ongoing conversations with these patients about their end of life care as part of their wider treatment and care planning.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. The practice offered telephone triage every day at the end of the booked consultations to enable patients to speak with a GP to determine if they need to be seen on the day.
- Patients were able to receive travel vaccines available on the NHS.
- There were accessible facilities, which included a hearing loop, and interpretation services available.
- Other reasonable adjustments were made and action was taken to remove barriers when patients find it hard to use or access services.

Access to the service

The practice was open between and Monday to Friday from 8am until 6.30pm. Appointments were from 9am until 12pm and 3.30pm until 6.30pm. Extended hours appointments were offered on Tuesdays from 6.30pm until 7.30pm for GP consultations and on Wednesdays 6.30pm until 8pm for nurse appointments. In addition to pre-bookable appointments that could be booked up to eight weeks in advance, urgent appointments were also available for patients that needed them.

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

- 86% of patients were satisfied with the practice's opening hours compared with the clinical commissioning group (CCG) average of 75% and the national average of 76%.
- 97% of patients said they could get through easily to the practice by phone compared to the CCG and national average of 73%.
- 93% of patients said that the last time they wanted to speak to a GP or nurse they were able to get an appointment compared with the CCG average of 83% and the national average of 85%.
- 95% of patients said their last appointment was convenient compared with the CCG average of 91% and the national average of 92%.
- 88% of patients described their experience of making an appointment as good compared with the CCG average of 72% and the national average of 73%.
- 72% of patients said they don't normally have to wait too long to be seen compared with the CCG average of 55% and the national average of 58%.

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

The practice had a system 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 a system for handling complaints and concerns.

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

Are services responsive to people's needs? (for example, to feedback?)

- We saw that information regarding the complaints procedure was available on the practice leaflet to help patients understand the complaints system but we did not see information advertising this in the waiting area during our inspection. Following our inspection the practice manager confirmed they had place information in the waiting areas to inform patients of this procedure.

We looked at all three complaints received in the last 12 months and found they had been satisfactorily handled and dealt with in a timely way with openness and transparency. Lessons were learned from individual concerns and complaints and action was taken to improve the quality of care.

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 personalised care and promote good outcomes for patients utilising a cohesive team approach. Staff we spoke with were aware of and demonstrated a commitment to the values of the practice. The practice had a clear strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities. GPs and nurses had lead roles in key areas. For example, the lead GP had a special interest in diabetes and the nurse had carried out additional training to develop their role further.
- Practice specific policies were implemented and were available to all staff. These were generally updated and reviewed regularly we noted some which required updating. However, the practice manager addressed this promptly and submitted evidence to demonstrate these changes.
- A comprehensive understanding of the performance of the practice was maintained. Clinical practice meetings were held monthly which provided an opportunity for staff to learn about the performance of the practice.
- Clinical and internal audit was used to monitor quality and to make improvements.
- There were appropriate arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.
- We saw evidence from minutes of a meetings structure that allowed for lessons to be learned and shared following significant events and complaints.

Leadership and culture

During our 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 and we saw evidence to demonstrate this. Feedback from patients aligned with this. 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 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. From the sample of three documented examples we reviewed we found that the practice had systems to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, 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 and staff felt supported by management.

- The practice held a range of multi-disciplinary meetings including meetings with district nurses to monitor vulnerable patients. GPs, where required, met with health visitors to monitor vulnerable families and safeguarding concerns.
- Clinical staff told us the practice held regular team meetings, although reception and administration staff meetings were rarely held. Staff told us the practice manager communicated with them on a daily basis and updated them with any issues or information.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at any time with either the practice manager or the GPs and felt confident and supported in doing so. Minutes of clinical meetings were available for practice staff to view on the practice computer system.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in 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

Are services well-led?

Good 

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

The practice encouraged and valued feedback from patients and staff. It proactively sought feedback from:

- patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met quarterly, and submitted proposals for improvements to the practice management team. For example, they had suggested engagement with the local foodbank and arranged for a talk from them. They had facilitated information being displayed in the practice advertising this service for people in need.
- the NHS Friends and Family test, complaints and compliments received.
- staff through day to day communication and generally through staff meetings and appraisals. 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 with the practice.

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 local pilot schemes to improve outcomes for patients in the area such as the local Social Prescribing Service. The GPs referred patients who would benefit from social and physical activities to this service to reduce social isolation and promote well-being. They were keen to develop and work with other practices in the area to improve services for patients in the future.