

Dr Nagle and Partners

Quality Report

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

Ratings

Overall rating for this service	Good	
Are services safe?	Good	
Are services effective?	Good	
Are services caring?	Good	
Are services responsive to people's needs?	Good	
Are services well-led?	Good	

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Nagle and Partners on 18 December 2015. Overall the practice is rated as good.

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

- The practice ensured that when things went wrong that these were investigated and learning was shared with staff. Risks to patients were assessed and well managed. There were systems for assessing risks including those associated with medicines, premises, equipment and infection control.
- There was a detailed business continuity plan to deal with untoward incidents that may affect the day to day running of the practice.
- Staff were recruited robustly with all of the appropriate checks carried out to determine each person's suitability and fitness to work at the practice. Where locum GPs were employed verbal references had been sought and this was not recorded.
- Patients' needs were assessed and care was planned and delivered following best practice guidance. Clinical audits and reviews were carried out to make improvements to patient care and treatment.
- Staff were supported and received role specific training to meet the needs of patients and there was a system for staff appraisal.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Complaints were investigated and responded to appropriately and apologies given to patients when things went wrong or their experienced poor care or services.
- The majority of patients said they found it easy to make an appointment with a named GP and that there was continuity of care, with urgent appointments available the same day. The practice had reviewed its appointments system and upgraded the telephone systems to address patients comments about the lack of accessible appointments and difficulties

Summary of findings

- 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 to make improvements to the services provided.

However there were areas of practice where the provider needs to make improvements.

Importantly the provider should:

- Review the arrangements for storing temperature sensitive medicines and keep records of actual fridge temperatures.
- Ensure that recruitment files for locum GPs contain a record of all of the checks carried out including references.

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. There were systems in place to monitor safety and to act when things went wrong. Lessons were learned and communicated with staff to support improvement. Information about safety was recorded, monitored, appropriately reviewed and addressed.

There were policies, procedures and risks assessments to identify risks to patients and staff. These included safeguarding adults and children, infection prevention and control and health and safety. Staff were recruited with all of the appropriate checks carried out including proof of identify, employment references and Disclosure and Barring Services (DBS) checks. Staff were trained and had access to appropriate policies and guidance for their roles. However references were not recorded for locum GPs who were employed at the practice.

Medicines were managed safely. However fridge temperatures were not recorded consistently and there were no procedures in place for staff to follow in respect of monitoring these temperatures.

The practice had appropriate premises and equipment and these were well maintained to help keep patients and staff safe.

Good



Are services effective?

The practice is rated as good for providing effective services. Data showed patient outcomes were at or above average for the locality for the management of the majority of long term conditions and disease management such as heart disease, dementia and diabetes. Where areas for improvements were identified the practice acted promptly to address these. Staff referred to guidance from the National Institute for Health and Care Excellence local and national initiatives and used it routinely.

Patients' needs were assessed and care was planned and delivered in line with current legislation and guidance. Staff regularly reviewed current guidance to ensure that patients were receiving treatments in line with any changes for improvement. A system of audits and reviews were in place to monitor and improve outcomes for patients.

Staff were supported and received training relevant to their roles and the needs of patients.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services. The results from the 2014/14 national GP survey showed that patients generally satisfied with how staff at the practice treated them and the practice performance was similar to other GP practices both locally and nationally for several aspects of care. Where areas for improvement were identified the practice had acted on these to improve patients' experience.

Patients who completed comment cards and those we spoke with during the inspection also told us that staff at the practice were respectful and caring. Patients said they were treated kindly with dignity and respect. Patients' privacy was maintained during consultations and treatment and information in respect of patients was treated confidentially. The practice had a dedicated room where patients could speak in private should they wish to.

Patients told us that they received information about their treatment in a way which they could understand and they were involved in decisions about their care and treatment. Information for patients about the services available was easy to understand and accessible. The practice recognised the needs of patients who were carers and provided support and information about the range of agencies and organisations available.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services. It 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.

Appointment times and availability were flexible to meet the needs of patients. Same and next day appointments were available. Home visits and telephone consultations were provided as needed. The practice had responded to patients comments about access to appointments and getting through to the surgery on the telephone. They had upgraded the telephone system and amended the appointments system to offer more same day appointments.

The practice had good facilities and was well equipped to treat patients and meet their needs. Accessible toilets and baby changing facilities were available. Information about how to complain was available and easy to understand and evidence showed that the practice responded quickly to issues raised. The practice offered apologies to patients when things went wrong or the service they received failed to meet their expectations. Learning from complaints was shared with staff and other stakeholders.

Good



Summary of findings

Are services well-led?

The practice is rated as good for being well-led. It had a clear vision and strategy to provide a personalised high quality care for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

There was a clear leadership structure within the practice and staff felt supported by management. The practice had a number of policies and procedures to govern activity and these were regularly reviewed and updated so that they reflected current legislation and guidance. There were systems in place to monitor and improve quality and identify risk.

The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group (PPG) was active and met every four to eight weeks with practice staff to discuss any issues and how these could be improved upon. The patient participation group was working proactively to attract new members. Staff told us that they felt supported and that they could raise comments and suggestions, which were acted upon.

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. Nationally reported data showed that outcomes for patients were good for conditions commonly found in older people. The practice offered proactive, personalised care to meet the needs of the older people, and offered home visits and rapid access to telephone advice and appointments for those with enhanced needs.

GPs worked with local multidisciplinary teams to reduce the number of unplanned hospital admissions for at risk patients including those with dementia and those receiving end of life palliative care.

The patient participation group had organised a recent event to promote awareness about dementia. This event was attended by patients and carers. Information and advice was provided by the Alzheimer's society, Dementia Friends and Age Concern. The practice also hosted the Alzheimer's Society twice monthly who met with patients and/or carers to offer support and advice. The practice was also working towards becoming a Dementia Friendly Practice.

Good



People with long term conditions

The practice is rated as good for the care of people with long-term conditions. GPs and nursing staff had lead roles in chronic disease management and provided a range of clinics including asthma, diabetes and chronic obstructive pulmonary disease (COPD). The practice performance for the management of these long term conditions was similar to or higher than other GP practices nationally.

Patients at risk of unplanned hospital admission were identified as a priority. Longer appointments and home visits were available when needed. All these patients had a named GP and a structured annual review to check that their health and medication needs were being met. For those people with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

The practice had a dedicated member of staff to coordinate reviews for the management of long term conditions and work was being done to streamline reviews so as to minimise the number of visits for patients with one or more long term condition.

Good



Families, children and young people

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

Good



Summary of findings

children. Appointments were available outside of school hours. Post-natal and baby checks were available to monitor the development of babies and the health of new mothers. The practice contacted all new mothers to remind them to register babies to help promote continuity of care.

There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances. The practice held monthly safeguarding meetings with relevant health professionals including health visitors to review children who were identified as being at risk.

Immunisation rates were similar to other GP practices for all standard childhood immunisations. 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.

Information and a range of sexual health and family planning clinics were available.

Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age people (including those recently retired and students). The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care. Pre-booked appointments were available each morning between 7am and 8am.

The practice was proactive in offering online services including on-line appointment booking and electronic prescribing (where patients can arrange for their repeat prescriptions to be collected at a pharmacy of their choice).

The practice offered a full range of health promotion and screening that reflected the needs for this age group including NHS Health Checks.

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. Staff undertook safeguarding training and the practice had a dedicated safeguarding leads for overseeing adult and child safeguarding procedures.

The practice held a register of patients living in vulnerable circumstances including patients with a terminal illness and those with a learning disability. The practice proactively promoted annual health checks for patients with learning disabilities and nurses had received specific training to support these patients.

Good



Summary of findings

The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people. This helped to ensure that patients whose circumstances made them vulnerable were supported holistically and that patients who were at a higher risk of unplanned hospital admissions were supported to and treated in their home.

Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

The practice is rated as good for the care of people experiencing poor mental health (including people with dementia). The practice reviewed and monitored patients with dementia and carried out face-to-face reviews. Staff at the practice were proactive in carrying out dementia screening and liaised with the dementia community nurses to ensure that care was coordinated and effective to meet patient's needs.

Patients with mental health conditions were reviewed and had an annual assessment of their physical health needs. Longer appointments and home visits were provided as required.

The patient participation group had organised a recent event to promote awareness about dementia. This event was attended by patients and carers. Information and advice was provided by the Alzheimer's society, Dementia Friends and Age Concern. The practice also hosted the Alzheimer's Society twice monthly who met with patients and/or carers. The practice was also working towards becoming a Dementia Friendly Practice.

The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

It had a system in place to follow up patients who had attended accident and emergency (A&E) where they may have been experiencing poor mental health.

Good



Summary of findings

What people who use the service say

The national GP patient survey results published on 2 July 2015 showed the practice was performing in line with local and national averages. There were 116 responses from 298 surveys sent out which represented 38.9% of the patients who were selected to participate in the survey.

The survey showed that patient satisfaction was as follows:

- 76% found the receptionists at this surgery helpful compared with a CCG average of 84% and a national average of 87%.
- 43% found it easy to get through to this surgery by phone compared with a CCG average and a national average of 73%.
- 80% were able to get an appointment to see or speak to someone the last time they tried compared with a CCG average and a national average of 85%.
- 89% said the last appointment they got was convenient compared with a CCG average of 90% and a national average of 92%.
- 53% described their experience of making an appointment as good compared with a CCG average of 71% and national average of 73%.
- 73% usually waited 15 minutes or less after their appointment time to be seen compared with a CCG average of 64% and a national average of 65%.
- 64% felt they did not normally have to wait too long to be seen compared with a CCG average of 61% and a national average of 58%.
- 74% of patients would recommend the practice to someone new compared with a CCG average of 72% and a national average of 77%.

The practice had reviewed the comments from this survey and put in place an action plan to address the areas where their performance was lower than the CCG and national. This included upgrading the telephone system and increasing the numbers of reception staff cover at busier times such as mornings to improve access to the practice by telephone. An online appointment booking system had been introduced to make appointments more accessible to patients and reception staff had undertaken training to improve patient's experience. The practice manager told us that these measures had been met positively by patients.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 22 comment cards all of which were positive about the standard of care received, access to appointments and staff helpfulness and attitude. We also spoke with seven patients on the day of the inspection. Patients commented positively about the practice saying that they were very happy with the treatment that they received. Patients said that they could get appointments that suited them, usually on the same day when needed and told us that access to appointments had improved in recent months. Patients also spoke very positively about the GPs and nurses. They told us that staff were professional and knowledgeable. Patients told us that GPs and nurses listened to them and spent time explaining tests and treatments in a way that they understood. One person who completed a comment card said that it was difficult to get an urgent on the day appointment and one patient commented that reception staff may benefit from training in dealing with patients.

Areas for improvement

Action the service SHOULD take to improve

- Review the arrangements for storing temperature sensitive medicines and keep records of actual fridge temperatures.
- Ensure that recruitment files for locum GPs contain a record of all of the checks carried out including references.

Dr Nagle and Partners

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, a practice manager specialist advisor.

Background to Dr Nagle and Partners

Dr Nagle and partners is located in a purpose built medical centre on the London Road in a predominantly residential area in Leigh on Sea, Essex. The practice provides services for 17125 patients.

The practice holds a General Medical Services (GMS) contract and provides GP services commissioned by NHS England and Southend Clinical Commissioning Group. A GMS contract is one between GPs and NHS England and the practice where elements of the contract such as opening times are standardised.

The practice population is similar to the national average for younger people and children under four years, and for those of working age and those recently retired, and slightly higher for older people aged over 85 years. Economic deprivation levels affecting children, older people are lower than the practice average across England. However there are pockets of social and economic deprivation across the practice catchment area. Life expectancy for men and women are similar to the national averages. The practice patient list compares similarly to the national average for long standing health conditions. It has a much higher than the national averages for working aged people in employment or full time education lower numbers of working age people that are unemployed.

The practice is managed by seven GP partners who hold financial and managerial responsibility. The practice employs four salaried GPs, six practice nurses and two healthcare assistants / phlebotomists. In total five male and six female GP work at the practice. In addition the practice employs a management team including a practice manager and an assistant practice manager, a reception manager, 12 receptionists and a team of medical secretaries, administrators and prescribing clerks. The practice works with two local further education colleges and employs two apprentices who assist with administrative tasks including receiving and handling inbound post.

Dr Nagle and partners is a training practice and employs / supports five GP registrars (GP registrars are qualified doctors who are undertaking GPs training). Four of the GPs working in the practice are GP trainers

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am to 6pm daily. Pre-booked appointments were available between 7am and 8am daily for GP's, practice nurses, HCA's and phlebotomy on weekdays.

The practice has opted out of providing GP out of hour's services. Unscheduled out-of-hours care is provided by IC24 and patients who contact the surgery outside of opening hours are provided with information on how to contact the service.

Why we carried out this inspection

We inspected Dr Nagle and Partners as part of our comprehensive inspection programme We carried out a comprehensive inspection of this service under Section 60 of the Health and Social Care Act 2008 as part of our

Detailed findings

regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

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.

How we carried out this 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 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)

Before visiting, we reviewed a range of information that we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 18 December 2015. During our visit we spoke with a range of staff including the GPs, nurses, practice management and reception / administrative staff. We also spoke with seven patients who used the service. We observed how people were being cared for and talked with carers and family members. We reviewed comment cards where patients and members of the public shared their views and experiences of the service. We reviewed a number of documents including patient records and policies and procedures in relation to the management of the practice.

Are services safe?

Our findings

Safe track record and learning

Safety within the practice was monitored using information from a range of sources, including National Institute for Health and Care Excellence (NICE) guidance. There were systems in place for the receipt and sharing of safety alerts received from the Medicines and Healthcare Products Regulatory Agency (MHRA). These alerts have safety and risk information regarding medication and equipment often resulting in the review of patients prescribed medicines and/or the withdrawal of medication from use in certain patients where potential side effects or risks are indicated. We saw that alerts were received by the provider who reviewed and shared these with the staff team and acted upon appropriately. We saw that patients' medicines were reviewed and changed where indicated. Alerts were kept and accessible to staff to refer to as needed.

The practice had systems in place for investigating and learning from when things went wrong and all staff we spoke with were aware of these procedures and the reporting forms. Staff we spoke with told us the practice had an open and transparent approach to dealing with significant safety events. Through discussion with GPs we found that safety incidents were investigated and that learning from these was shared with other GPs. We looked at a sample of significant events from the previous 12 months and saw that these had been investigated and learning was shared with all staff. These incidents had been appropriately reviewed to ensure that learning was imbedded within the practice. We saw that the scanning protocols had been revised following a record which was scanned and saved to the wrong file.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard adults and children from abuse. The practice had identified GP leads to oversee safeguarding for adults and children and they attended local safeguarding meetings whenever this was possible. Staff had undertaken role specific training and had access to appropriate policies and procedures which reflected relevant legislation and referred to the local safeguarding team reporting

systems. Staff we spoke with were able to demonstrate that they understood their roles and responsibilities for keeping patients safe. Reception staff told us that they knew the patients well and that they would report anything unusual to the GPs, nurses or practice manager. GPs always provided reports where necessary for other agencies.

- The practice had procedures in place for providing chaperones during examinations and information was available on the video display screen in the waiting area. Chaperone duties were carried out by nursing and reception staff. Records showed that nursing staff had received a disclosure and barring check (DBS). (These checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable). We saw that a risk assessment had been carried out where reception staff carried out chaperone duties and did not have a DBS check. Staff had undertaken chaperone training and were aware of their roles and responsibilities.
- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available, which was kept under regular review and available to all staff. All electrical equipment was checked to ensure that it was safe to use. Clinical and diagnostic equipment was checked and calibrated to ensure it was working properly. The practice had a risk assessment in place in relation to the control of substances hazardous to health (COSHH) such as cleaning materials. An external assessment had been conducted to identify risks in relation to legionella. The risk of fire had been assessed and there was appropriate fire safety equipment including extinguishers located throughout the practice. Fire exits were clearly signposted and a fire evacuation procedure was displayed in various areas.
- The practice had suitable policies and procedures in place for infection prevention and control. We observed the premises to be visibly clean and tidy. One practice nurse was the infection control clinical lead and they took responsibility for overseeing infection control procedures within the practice. There were cleaning schedules in place and regular infection control audits had been carried out. Staff received infection control training. Clinical staff had access to personal protective equipment such as gloves and aprons and undergone

Are services safe?

screening for Hepatitis B vaccination and immunity.

People who are likely to come into contact with blood products, or are at increased risk of needle-stick injuries should receive these vaccinations to minimise risks of blood borne infections.

- The practice had arrangements for the safe management of medicines, including emergency drugs and vaccinations. Medicines were stored securely and only accessible to relevant staff. Prescription pads were securely stored and there were systems in place to monitor their use. Medicines we saw were in date and staff told us that they checked these regularly. Records in respect of these checks were recorded.
- Fridge temperatures were not monitored consistently and recorded to ensure that they remained within the acceptable ranges for medicines storage. We saw that the maximum and minimum temperatures reached were recorded over each 24 hour period. However staff did not record actual temperatures on a daily basis and staff told us that they did not have a policy and procedure in place for guidance on how fridge temperatures should be monitored.
- The practice had policies and procedures for employing clinical and non-clinical staff. We reviewed nine staff files including those for the four most recently employed staff. We found that the recruitment procedures were followed. Evidence that the appropriate recruitment checks including proof of identification, references, qualifications, registration with the appropriate professional body where appropriate. Disclosure and Barring Service checks had been undertaken prior to employment for clinical staff. Where non clinical staff did not have a DBS check a detailed risk assessment had been carried out to determine the need for carrying out these checks. We looked at the recruitment files for locum GPs and found that there were no records in respect of employment references. The practice

manager told us that the locum GPs were known to the practice and that they worked in local GP practices. They said that verbal references had been obtained and that these had not been recorded.

- New staff undertook a period of induction which was tailored to their roles and responsibilities. This included training and an opportunity for new staff to familiarise themselves with the practice policies and procedures.
- Arrangements were in place for planning and monitoring the number and skill mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty. Staff we spoke with told us that there were always enough staff cover available for the safe running of the practice and to meet the needs of patients.

Arrangements to deal with emergencies and major incidents

There were policies in place for dealing with medical emergencies and major incidents. All staff received annual basic life support training and those we spoke with including the receptionists were able to describe how they would act in the event of a medical emergency. The practice had procedures in place to assist staff to deal with a range of medical emergencies such as cardiac arrest, epileptic seizures or anaphylaxis (severe allergic reaction) and emergency medicines available and accessible to staff. All the medicines we checked were in date and fit for use as was oxygen and an automated external defibrillator (AED).

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage which could affect the day to day running of the practice. The plan included staff roles and responsibilities in the event of such incidents and emergency contact numbers for staff.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatment in line relevant and current evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines. The practice had systems in place to ensure all clinical staff were kept up to date. The practice had access to guidelines from NICE and used this information to develop how care and treatment was delivered to meet needs. The practice monitored that these guidelines were followed through risk assessments, audits and regular GP meetings and discussions. We saw examples of where GPs had acted on MHRA alerts. For example following guidance issued around the risk associated with the co-prescribing of Simvastatin (a medicine used in the treatment of high cholesterol) and Amlodipine (a medicine used in the treatment of high blood pressure) the GPs had conducted a search of all patients to identify those who may require amendments to their treatment. This showed that all patients were prescribed medicines in line with the current guidelines.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. Data from 2014/15 showed;

Performance for the treatment and management of diabetes was as follows:

- The percentage of patients with diabetes whose blood sugar levels were managed within acceptable limits was 80% compared to the national average of 77%.
- The percentage of patients with diabetes whose blood pressure readings were within acceptable limits was 84% compared to the national average of 78%
- The percentage of patients with diabetes whose blood cholesterol level was within acceptable limits was 80% compared to the national average of 81%

These checks help to ensure that patients' diabetes is well managed and that conditions associated with diabetes such as heart disease are identified and minimised where possible.

The practice performed well for the treatment of patients with hypertension (high blood pressure). We saw that the percentage of patients whose blood pressure was managed within acceptable limits was 85% compared to the national average of 83%.

The practice had also performed well in treating patients with heart conditions who were at risk of strokes with appropriate medicines. The percentage of patients treated was 98% which was the same as the national average,

The practice performance for monitoring and treating patients with a respiratory illness was:

- The percentage of patients with asthma who had a review within the previous 12 months was 77% compared to the national average of 75%.
- The percentage of patients with chronic obstructive pulmonary disease (COPD) who has an assessment of breathlessness using the Medical Research Council scale was 93% compared with the national average of 90%.

The practice performance for assessing and monitoring the physical health needs for patients with a mental health condition were similar to GP practices nationally. For example:

- 92% of patients with a mental health disorder had a record of their alcohol consumption compared to the national average of 90%.
- 94% of patients who were diagnosed with dementia had a face to face review within the previous 12 months. This was the same as the national average.

The practice exception reporting was in line with GP practices nationally and locally. Exception reporting is a process whereby practices can exempt patients from QOF in instances such as where despite recalls patients fail to attend reviews or where treatments may be unsuitable for some patients.

The practice used clinical audits to monitor and make changes to patient care and treatment as part of its quality

Are services effective?

(for example, treatment is effective)

monitoring and improvement. All relevant staff were involved to improve care and treatment and people's outcomes. We looked at a sample of completed audits which had been completed within the previous 12 months.

One audit reviewed patients with osteoporosis who were not receiving treatment. The first cycle of the audit identified 38% of patients who were not being treated with a bone sparing medicine. Following the audit improvements were made to the patient coding system resulting in all patients being offered appropriate treatment.

Medicine reviews were carried out every six months or more frequently where required. The practice performed in line with GP practices nationally for prescribing medicines such as non-steroidal anti-inflammatory medicines, antibiotics and sleeping tablets and antidepressants.

Effective staffing

Staff were trained and supported so that they had the skills, knowledge and experience to deliver effective care and treatment.

The practice had an induction programme for newly appointed members of staff. This covered such topics as safeguarding, fire safety, health and safety and confidentiality and helped new staff to familiarise themselves with the practice policies and procedures. We saw that all new non-clinical members of staff undertook a period of 'shadowing' experienced staff so as to help familiarise themselves with the practice policies and procedures.

- Staff we spoke with told us that they had access to appropriate training to meet the needs of the practice and their individual roles and responsibilities. This included ongoing support, one-to-one meetings, appraisals, coaching and mentoring. Staff training included safeguarding, fire safety, information governance and confidentiality.
- Nursing staff were trained to carry out assessments and deliver patient screening and treatment programmes including immunisations, vaccinations and cervical screening. We looked at the staff training record and saw that appropriate role specific training was provided for all staff which included infection control, fire safety, equality and diversity, safeguarding and moving and handling.

- All staff had protected time for learning and development and in addition to this nurses had protected time allocated each month for peer support and learning.
- Nursing and GP staff had ongoing clinical supervision. Nurses working at the practice had effective current Nursing and Midwifery Council (NMC) registration. All GPs had or were preparing for their revalidation. (Every GP is appraised annually, and undertakes a fuller assessment called revalidation every five years. Only when revalidation has been confirmed by the General Medical Council can the GP continue to practise and remain on the performers list with NHS England). We saw that the GPs and nurses undertook refresher training courses to keep their continuous professional development up to date and to ensure that their practice was in line with best practice and current guidance.
- There was a system for appraisal and review of staff performance from which learning and development needs were identified and planned for.
- Dr Nagle and partners is a training practice and employs / supports five GP registrars (GP registrars are qualified doctors who are undertaking GPs training). Four of the GPs working in the practice are GP trainers or associate trainers. We saw that GP registrars were supported and appropriate provided with appropriate clinical supervision.

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 test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example when people were referred to other services.

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

Are services effective?

(for example, treatment is effective)

We saw evidence that multi-disciplinary team meetings took place on a monthly basis. The care and treatment of patients who were receiving palliative care, those who were identified as being at risk of unplanned hospital admission and other vulnerable patients was discussed and reviewed. We saw that patient records and care plans were routinely reviewed and updated so as to ensure that appropriate and relevant information was available to all the agencies involved in patients care and treatment.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with legislation and guidance including the Mental Capacity Act 2005. The practice had policies and procedures around obtaining patients consent to treatment. Staff we spoke with could demonstrate that they understood and followed these procedures. GPs and nurses we spoke with told us when providing care and treatment for children, young people or where a patient's mental capacity to consent to care or treatment was unclear, assessments of capacity to consent were also carried out in line with relevant guidance. We saw that written consent was obtained before GPs carried out treatments such joint injections. Written consent forms were scanned and stored in the patients' electronic records. We saw that patients were provided with detailed information about the procedures including intended benefits and potential side effects. We saw that where verbal consent was obtained for treatments and procedures that this was recorded correctly within the patients' medical record.

Health promotion and prevention

GPs we spoke with told us that the practice was proactive in promoting patients' health and disease prevention. The practice had systems in place for identifying patients who may be in need of extra support. These included patients in

the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were then signposted to the relevant service.

The practice had a screening programme. The practice's uptake for the cervical screening programme for 2014/15 was 87%, compared to the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice also encouraged its patients to attend national programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given and flu vaccines for older people and at risk groups of patients who were under 65 years were:

- The percentage of infant Meningitis C immunisation vaccinations and boosters given to under two year olds was the same as the CCG percentage at 98%.
- The percentage of childhood Mumps Measles and Rubella vaccination (MMR) given to under two year olds was 95% compared to the CCG percentage of 93%.
- The percentage of childhood Meningitis C vaccinations given to under five year olds was 96% compared to the CCG percentage of 95%.
- Flu vaccination rates for patients over 65 years was 72%, compared to national average of 73%. Seasonal flu vaccination rates for patients under 65 years with a clinical risk factor was 52% compared to the national average of 46%.

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

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection that members of staff were polite and helpful to patients both attending at the reception desk and on the telephone and that people were treated with dignity and respect. Reception staff were mindful when speaking on the telephone not to repeat any personal information. The practice had a dedicated quiet room where patients could speak confidentially to staff if they wished to do so.

Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that conversations taking place in these rooms could not be overheard.

All of the 22 patient CQC comment cards we received were positive about the care they received. Patients said they were happy how they were treated by GPs and nurses. They also commented that they were treated with respect and listened to by GPs and other staff. Patients we spoke with said receptionists were helpful and courteous. They also commented that GPs and nurses were caring and that they took time to listen to them and to explain tests and treatments.

One patient commented that they felt reception staff would benefit from further training in how to deal with patients.

Results from the national GP patient survey, which was published on 2 July 2015 showed that:

- 83% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 84% said the GP gave them enough time which was the same as the CCG average of 84% and compared to the national average of 87%.
- 91% said they had confidence and trust in the last GP they saw compared to the CCG of 94% and national average of 95%
- 80% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and national average of 85%.

- 97% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of and national average of 90%.
- 76% patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and national average of 87%.

The practice demonstrated that they had considered the views of patients and reception staff had ongoing training and supervision during the time to learn sessions.

Care planning and involvement in decisions about care and treatment

Each of the seven patients we spoke with told us that they were happy with how the GPs and nurses explained their health conditions and treatments. Patients said that they felt listened to and that clinical staff answered any questions they had in relation to their treatment. They also told us they had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback on the 22 comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, which was published on 2 July 2015, showed that:

- 78% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 72% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 78% and national average of 81%.

The practice demonstrated that they had considered these comments and patients' experiences. GPs used daily clinical meetings to share learning and support each other in developing consultation and communication skills.

Staff told us that translation services were available for patients who did not have English as a first language.

Patient and carer support to cope emotionally with care and treatment

The practice had procedures in place for supporting patients and carers to cope emotionally with care and treatment. There were notices in the patient waiting room advising how they could access a number of support groups and organisations including a local carer's café,

Are services caring?

counselling services, advice on alcohol and substance dependency, cancer support and bereavement services. The practice patient participation group had recently organised an event around dementia care to which organisations such as Alzheimer's Society and Dementia Friends were invited to offer support and practical advice to patients and carers. Members of the patient participation group who we spoke with on the day reported that the event was well attended and appreciated by carers.

The practice identified patients who were also a carer. There was a practice register of all people who were carers.

This information was used on the practice's computer system to alert GPs when the patient attended appointments. Written information was available for carers to ensure they understood the various avenues of support available to them.

Staff told us the practice had a protocol for supporting families who had suffered bereavement. GPs told us that they following bereavement, families were sent a letter of condolence and an appointment or a home visit was provided if needed.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice worked with the local CCG to plan services and to improve outcomes for patients in the area. Services were planned and delivered to take into account the needs of different patient groups and the increase in demand for services to help provide ensure flexibility, choice and continuity of care. For example;

- The practice aimed to meet the needs of its patient population and offered flexibility in appointments and offered pre-bookable, next day and same day appointments where possible. The appointments system was regularly reviewed to help ensure that it met the needs of patients.
- There were longer appointments available for patients including those with dementia or a learning disability or those who needed extra support.
- Home visits were available for older patients / patients who would benefit from these.
- Urgent access appointments were available each day for children and those with serious medical conditions.
- Dementia screening clinics were run alongside the seasonal flu clinics on Saturday mornings during the seasonal flu campaign to help identify and diagnose patients.
- The practice had introduced a dedicated patient liaison team to coordinate and manage the monitoring of patients with one or more long term condition. Part of the role of this team was to coordinate patient reviews so that where possible these could be managed in one appointment rather than several appointments to manage different long term conditions. The practice planned to introduce a system of annual health reviews to coincide with patients' birthdays to help act as reminder to patients to attend. This system would be monitored to determine its effectiveness.
- The practice reviewed comments, complaints and the results from patient surveys and adapted the appointments system to take these into account.
- Accessible facilities were available including adapted toilet facilities and baby changing facilities.

Access to the service

The practice is open between 8am and 6.30pm on weekdays. GP and nurse appointments are available between 8am to 6pm daily. Pre-booked appointments were available between 7am and 8am on weekdays.

Results from the national GP patient survey, which was published on 2 July 2015 showed that:

- 60% of patients described their experience of making an appointment as good compared to the CCG average of 70% and national average of 73%.
- 73% of patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 68% and national average of 65%.
- 66% of patients were satisfied with the practice's opening hours compared to the CCG and national average of 75%.
- 43% patients said they could get through easily to the surgery by phone compared to the CCG and national average of 74%.

We saw that the practice had reviewed these results and acted where they suggested that improvements could be made. The telephone system had been upgraded and additional reception staff have been employed to improve access to patients. The practice regularly reviewed its appointments system and a range of pre-bookable and on the day appointments were available. Pre-booked appointments were available from 7am each weekday. The practice offered access to appointments which could be booked in person, by telephone or online up to two weeks in advance. Urgent same day appointments were available each day and the practice operated a duty GP system and offered emergency appointments throughout the day. The practice had recently introduced a daily Acute clinic which helped address patient on-the-day needs by providing face-to-face appointments with a healthcare professional.

Listening and learning from concerns and complaints

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

We saw that while information was available to help patients understand the complaints system this was not readily accessible as patients had to request this from reception staff. Following discussion with staff this

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

information was provided within the patient waiting area. Information clearly described how patients could make complaints and raise concerns, what the practice would do and how patients could escalate their concerns should they remain dissatisfied. Each of the seven patients we spoke with were aware of the process to follow if they wished to make a complaint.

We looked at a summary of the complaints received within the previous twelve months and saw that these had been

acknowledged, investigated and responded to within the complaints procedure timeline. We saw that a suitable apology was given to patients when things went wrong or their experience fell short of what they expected. We saw that complaints were discussed at the various Staff who we spoke with said that learning from complaints was shared and any improvements arising from these were actioned and embedded into practice.

Are services well-led?

Good 

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

Our findings

Vision and strategy

The practice had a clear vision and ethos, which was described in their Statement of Purpose. The ethos within the practice was to provide personalised high quality care for all its patients. Patients had access to GPs throughout the day via face to face appointments or for advice and telephone consultations. The strategy included planning for the future. Staff were clear about the vision and their responsibilities in relation to this. Information about the practice was available to staff and patients.

Governance arrangements

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

- There was a clear staffing structure and accountability. Staff were supported and trained to fulfil their roles and responsibilities within the practice team.
- The GP and nurses had lead roles and special interests in a number of long term conditions and health promotion to improve treatments and outcomes for patients.
- Practice specific policies and procedures were available to all staff. These policies were regularly reviewed and amended so that reflected any changes in legislation and guidance.
- The quality of services provided was monitored and improved where required through a system of clinical audits, reviews and benchmarking against local CCG performance criteria.
- Risks to patients and staff were identified and managed through systems of monitoring and learning from when things went wrong.

Leadership, openness and transparency

GPs and staff we spoke with demonstrated that the practice encouraged a culture of openness and honesty. There were clear lines of responsibility and accountability and staff were aware of these. Staff were aware of the Duty of Candour demonstrated that they were open and honest

when things went wrong. They said that they were well supported and they felt able to speak openly and raise issues as needed. They told us that GPs were approachable and caring.

A range of clinical and non-clinical practice meetings were held on a regular basis during which staff could raise issues and discuss ways in which the service could be improved. Complaints and any other issues arising were discussed and actions planned to address these during the practice meetings.

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

The practice encouraged and valued feedback from patients, proactively gaining patients' feedback and engaging patients in the delivery of the service. It had gathered feedback from patients through surveys and informal comments and received. There was an active Patient Participation Group (PPG) which met on a regular basis. Representatives from the PPG told us that the practice listened and acted on their suggestions for how services could be improved.

The practice actively encouraged patients to participate in the NHS Friends and Family Test and monitored these results. We saw that all patients who completed this survey were either extremely likely or likely to recommend the practice to their friends and family.

We saw that the practice had an open culture where patients could make comments and suggestions and that these were acted upon to improve their experiences of using the service. We saw that the practice had reviewed and acted on the results of the 2014/15 national GP survey. They had reviewed the appointments system and amended this to provide more on the day appointments. It had also upgraded the telephone system and employed more reception staff to deal with calls at busier periods. We saw that the practice monitored these improvements to ensure that they were effective.

The practice had also gathered feedback from staff through staff meetings and discussions. Staff told us they were encouraged to give feedback and discuss any concerns or issues with colleagues and management. They also told us they felt involved and engaged to improve how the practice was run.