

Littleton Surgery

Quality Report

Littleton Surgery
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Date of inspection visit: 2 June 2016

Date of publication: 13/10/2016

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 Littleton Surgery on 2 June 2016. Overall the practice is rated as good. The practice was subject of a previous comprehensive inspection on 14 October 2015. The practice was rated as inadequate for providing well led services, requires improvement for providing safe, effective and caring services and overall and was placed into special measures. We undertook this comprehensive inspection on 2 June 2016 to check that the provider now met the regulations.

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

- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.
- Risks to patients were assessed and well managed.
- Patients said they were treated with compassion, dignity and respect and they were involved in their

care and decisions about their treatment. There were improvements in relation to the GP patient survey results in this area although further improvements were needed in other areas.

- The practice engaged effectively with other services to ensure a good level of continuity of care for patients. Improvements had been made in relation to sharing of information with out of hours services to ensure that the care of vulnerable adults and children was safe.
- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events, including sharing learning as a result.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns and we saw evidence of clear communication and sharing of learning.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Patients were highly satisfied with access to appointments within the practice.

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 and was in the process of developing their PPG (patient participation group) from a virtual group to face to face.
- Some area of practice performance would benefit from improvements although the practice had an awareness of these and had held discussions on ways to improve such as cervical screening and childhood immunisation rates.
- The provider was aware of and complied with the requirements of the duty of candour.

There were areas of practice where the provider should make improvements;

- Continue to review recall systems in place with a view to improving the uptake of childhood immunisations and cervical cytology.
- Monitor and review results from the GP patient survey with a view to continuing to improve patient's experience in relation to GP consultations.
- Continue to develop the patient participation group (PPG).

I am taking this service out of special measures. This recognises the significant improvements made to the quality of care provided by this service.

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 as improvements had been made following a previous inspection.

- There was an effective system in place for reporting and recording significant events.
- Improvements were made to the way lessons were shared to make sure action was taken to improve safety in the practice.
- Improvements to recruitment processes had been made with all appropriate employment checks in place.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed, including improvements noted to fire safety risk assessments and procedures.
- The practice had improved their tracking and storage of prescriptions within the practice.

Good



Are services effective?

The practice is rated as good for providing effective services as improvements had been made following a previous inspection.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at average compared to the national average in most areas.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement and we saw improvements made in relation to completed audit cycles.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.
- Childhood immunisation rates were below average although we saw evidence of the practice discussing ways to address this.
- Improvements to the coding of cervical cytology screening had resulted in improved figures from unverified data from the practice (75%) although this was still slightly lower than average.

Good



Summary of findings

Are services caring?

The practice is rated as good for providing caring services as improvements had been made following a previous inspection.

- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care. The practice demonstrated an improvement in patient experience in relation to GP consultations although they were still somewhat below average in patient experience of GPs giving enough time and explaining tests and treatments. There had been a significant improvement in patients' level of trust and confidence in their GP.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day. Feedback from patients was positive about their access to appointments when they needed them.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



Are services well-led?

The practice is rated as good for being well-led as improvements had been made following a previous inspection.

- The practice had a clear vision and were in the process of developing their strategy to ensure future delivery of high quality care and promote good outcomes for patients. Staff told us they felt involved in planning for the future of the practice.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk. Improvements were made to the way lessons were learned and changes implemented.
- The provider was aware of and complied with the requirements of the duty of candour. While there had been concerns about the lack of openness during a previous inspection we saw that partners encouraged a culture of openness and honesty. Staff told us they felt there had been improvements to the culture of the practice during recent months and that they felt more involved in the practice.
- The practice proactively sought feedback from staff and patients, which it acted on. The virtual patient participation group was active and the practice were in the process of developing a face to face group.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

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

- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Nursing staff undertook flu vaccines during home visits for patients unable to get to the practice.
- The practice worked closely with the community medical team to provide continuity of care for older and more vulnerable patients.

Good



People with long term conditions

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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority. Care plans were in place and regularly reviewed.
- Multi-disciplinary meetings were held on a monthly basis to discuss the practice's most vulnerable patients including those with long-term conditions.
- Performance for diabetes related indicators at 94.7% was similar to the national average of 89.2%.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Good



Families, children and young people

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

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

Good



Summary of findings

- Immunisation rates were lower than average for all standard childhood immunisations. The practice had identified this as in part due to a lack of nursing hours which they were in the process of addressing with the appointment of a new practice nurse.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 71.6% which was slightly low compared to the CCG average of 76.9% and the national average of 76.7%. However, unverified data from the practice demonstrated an improved figure of 75% following a review of appropriate coding.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

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.
- Early morning appointments were available twice weekly for patients of working age who struggled to get to the practice during working hours.
- The practice was proactive in offering online services as well as a full range of health promotion and screening that reflects the needs for this age group.

Good



People whose circumstances may make them vulnerable

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

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

Good



Summary of findings

- The practice regularly worked with other health care professionals in the case management of vulnerable patients. For example they met on a monthly basis with community matrons and district nurses to discuss the care of these patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.

People experiencing poor mental health (including people with dementia)

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

- 82.4% of patients diagnosed with dementia who had their care reviewed in a face to face meeting in the last 12 months, which is comparable to the national average of 82%.
- Mental health performance data was at 88.5% which was slightly below the national average of 92.8%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia, including issues relating to mental capacity.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published on 7 July 2016. The results showed the practice was performing in line with local and national averages in a number of areas. 269 survey forms were distributed and 107 were returned. This represented 2.6% of the practice's patient list.

- 90% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 95% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the national average of 76%.
- 87% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 78% of patients said they would recommend this GP practice to someone who has just moved to the local area compared to the national average of 79%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received five comment cards which were all positive about the standard of care received. For example we were told that patients were happy with their care, that they felt involved in decision making and respected and that they found it easy to make an appointment.

We spoke with six patients during the inspection. All six patients said they were satisfied with the care they received and thought staff were approachable, committed and caring. Results from the practice friends and family test (a test of how likely patients are to recommend the practice to their friends or family) showed that 92% of respondents said they would recommend the practice.

Areas for improvement

Action the service **SHOULD** take to improve

- Continue to review recall systems in place with a view to improving the uptake of childhood immunisations and cervical cytology.
- Monitor and review results from the GP patient survey with a view to continuing to improve patient's experience in relation to GP consultations.
- Continue to develop the patient participation group (PPG).

Littleton Surgery

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.

Background to Littleton Surgery

Littleton Surgery offers general medical services to people living and working in Esher, Claygate, Weybridge, Thames Ditton and surrounding areas.

The surgery has two partner GPs (male and female). There is one practice nurse with a second due to commence in post a few weeks following inspection. There is a healthcare assistant, a practice manager, and a team of reception and administrative staff. There are approximately 4,100 registered patients.

The practice was open between 8.30am and 6.30pm Monday to Friday. The telephone lines were open from 8.00am every morning. There were extended hours appointments from 7.30am to 8.30am on two mornings each week on a Tuesday and Thursday. On other mornings clinics started at 9.00am until 11.00am and then from 2.00pm until 6.00pm. Telephone consultations were available between 11.00am and 11.30am and between 4.00pm and 4.20pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice runs a number of services for its patients including asthma clinics, child immunisation clinics, diabetes clinics, new patient checks, and weight management support.

Services are provided from:

Littleton Surgery

Buckland House

Esher Park Avenue

Esher

Surrey

KT10 9NY

The practice has opted out of providing Out of Hours services to their patients. There are arrangements for patients to access care from an Out of Hours provider (111).

The practice population has a higher than average number of children below the age of 18 as patients. The general practice population has a lower than national average deprivation score, less patients with a long standing condition and lower levels of unemployment.

The practice was subject to a previous inspection in October 2015 where they were found to be inadequate in well-led, requires improvement in safe, effective and caring services and good in terms of being responsive. They were placed in special measures at this time. We undertook this comprehensive inspection on 2 June 2016 to confirm that the practice now meet the regulations.

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

Detailed findings

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 2 June 2016. During our visit we:

- Spoke with a range of staff including GPs, practice management and administrative staff, and nursing and healthcare staff. We spoke with patients who used the service and one member of the patient participation group.
- Observed how patients were being cared for.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system. The incident recording form supported the recording of notifiable incidents under the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received reasonable support, truthful information, a written apology and were told about any actions to improve processes to prevent the same thing happening again.
- The practice carried out a thorough analysis of the significant events and processes for the review and sharing of information and learning were in place.

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, an incident had occurred where staff struggled to use an oxygen cylinder in an emergency due to a lack of familiarity with the valve mechanism. As a result of reflection and learning within the practice it was decided that all staff were to have an annual training session on how to use the practice's emergency equipment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding and the practice had regular meetings with health visitors. The GPs attended

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

- 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. (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. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result. For example we viewed minutes of a meeting where action taken as a result of the audit had been discussed including the removal of some plants within the practice and cleaning of blinds.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed four personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills every six months. They had taken action to improve fire safety including installing fire door retainers and attend fire warden training. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). We saw action taken as a result of a recent health and safety audit had included replacing carpets in upstairs office areas.

- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 92.4% of the total number of points available. This was comparable to local and national averages. Overall exception reporting was similar to local and national averages at 9.5% compared with 8.9% (CCG) and 9.2% (national). (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).

Data from 2014/15 showed:

- Performance for diabetes related indicators at 94.7% was similar to the national average of 89.2%.
- Performance for mental health related indicators at 88.5% was similar to the national average 92.8%.
- Performance for hypertension indicators at 83.7% was worse than the national average of 97.8%.

We saw that the practice was aware of the areas where they needed to improve in relation to patient outcomes and we were told that some areas had been affected by a reduction in nursing hours in relation to managing their chronic disease register. However, the practice anticipated an improvement in this with the appointment of a second practice nurse who was due to start the month following inspection.

There was evidence of quality improvement including clinical audit.

- There had been three clinical audits completed in the last two years, two of these were completed audits where the improvements made were implemented and monitored. The third had a repeat audit cycle planned for later in the year.
- The practice participated in local audits, national benchmarking, accreditation and peer review.
- Findings were used by the practice to improve services. For example, recent action taken as a result included improving the use of antibiotics for patients presenting with a sore throat. We saw that this was reflected in low levels of antibiotic prescribing within the practice.

Information about patients' outcomes was used to make improvements such as improving coding practices to ensure an accurate reflection of outcomes and recalling patients around their birthday to ensure consistency of patient recall.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, we saw that nursing staff had specific training in relation to reviewing patients with long-term conditions such as diabetes and asthma.
- 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, coaching and mentoring, clinical

Are services effective?

(for example, treatment is effective)

supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months and we viewed personal development plans associated with this.

- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results. Since our inspection in October 2015 we saw that the practice had made improvements in their use of risk assessments and care plans.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services. Methods for sharing information with out of hour's services included telephone and email communication and sharing of information via the electronic patient record system. This was an area of improvement since their previous inspection.

Staff worked together and with other health and social care professionals to understand and meet the range and complexity of patients' needs and to assess and plan ongoing care and treatment. This included when patients moved between services, including when they were referred, or after they were discharged from hospital. Meetings took place with other MDT (multidisciplinary team) health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. External professionals involved in the MDT process included health visitors, palliative care nurses and district nurses.

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 included obtaining verbal consent for all procedures and written consent for those procedures that required it such as minor surgery.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and general lifestyle issues. Patients were signposted to the relevant service.
- The practice had developed a focus on working with relevant patients on weight reduction, pre-diabetic education and smoking cessation.

The practice's uptake for the cervical screening programme was 71.6% which was slightly low compared to the CCG average of 76.9% and the national average of 76.7%. However, unverified data from the practice demonstrated an improved figure of 75% following a review of appropriate coding. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by ensuring a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were somewhat lower when compared to CCG/national averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 70% to 83% compared to the CCG range of 75% to 87% and five year olds from 58% to 75% compared to the CCG range of 70% to 84%.

Are services effective?

(for example, treatment is effective)

Patients had access to appropriate health assessments and checks. These included health checks for new patients and

NHS health checks for patients aged 40–74. Appropriate follow-ups for the outcomes of health assessments and checks were made, where abnormalities or risk factors were identified.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the five 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.

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

Results from the national GP patient survey showed patients felt they were treated with compassion, dignity and respect. The practice was above average for its satisfaction scores on consultations with nurses although somewhat lower in terms of their consultation with GPs. However, the figures reflected an improvement from their previous inspection and survey results in October 2015. For example:

- 87% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 89% and the national average of 89%.
- 81% of patients said the GP gave them enough time compared to the CCG average of 87% and the national average of 87%.
- 96% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and the national average of 95%.

- 84% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 96% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 91% and the national average of 91%.
- 93% of patients said they found the receptionists at the practice helpful compared to the CCG average of 84% and the national average of 87%.

Improvement was noted since the previous inspection where 96% of patients said they had confidence and trust in the GP, compared with 86% from the previous survey.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patient feedback from the comment cards we received was also positive and aligned with these views. We also saw that care plans were personalised.

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

- 79% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 81% of patients said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 82% and the national average of 82%. This was an area of improvement since our previous inspection.
- 86% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 84% and the national average of 85%.

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

Are services caring?

- Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas informing patients this service was available.
- Information leaflets were available.
- Written information was available to assist patients in making a decision about surgical procedures and different treatment options.

Patient and carer support to cope emotionally with care and treatment

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 123 patients as carers (3% of the practice list). A member of the reception team had been identified as the carers lead. A carer's assessment would be carried out to identify individual needs and patients would be signposted to appropriate support services. Written information was available to direct carers to the various avenues of support available to them.

Staff told us that if families had suffered bereavement, their usual GP contacted them and would arrange an appointment if required.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and clinical commissioning group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours appointments on two mornings each week from 7.30am. The practice had also initiated telephone appointments in two 30 minute sessions each day following feedback from patients. Home visits were available for patients who needed them.
- Same day and longer appointments were available for children and those patients with medical problems that require same day consultation. Alerts were available on the computer system so that staff knew to book patients for longer appointments where necessary.
- There were disabled facilities and translation services available.
- The practice worked with multidisciplinary professionals to provide coordinated care with patients most in need, for example those who were at risk of hospital admission and those at the end of life.
- The practice provided a vasectomy clinic for patients across the CCG area.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. The telephone lines were open from 8.00am every morning. There were extended hours appointments from 7.30am to 8.30am on two mornings each week on a Tuesday and Thursday. On other mornings clinics started at 9.00am until 11.00am and then from 2.00pm until 6.00pm. Telephone consultations were available between 11.00am and 11.30am and between 4.00pm and 4.20pm. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was comparable to local and national averages. They were highly satisfied in relation to getting through to the practice by phone.

- 73% of patients were satisfied with the practice's opening hours compared to the CCG average of 72% and the national average of 76%.
- 90% of patients said they could get through easily to the practice by phone compared to the CCG average of 68% and the national average of 73%.

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

The practice had a system in place to assess:

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

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

Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was the designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of posters and information leaflets.

We looked at complaints received in the last six months and found that these had been dealt with in a timely way and that there were clear records of lessons learnt and process followed by the practice. In a previous inspection in October 2015 the practice were found not to have a clearly defined process for review and learning. During our June 2016 inspection we found that the processes had been improved and there was a clear record of complaints being discussed in both partner and practice meetings and learning shared.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had clear aims and objectives to provide high quality and individualised care.
- The practice were in the process of developing their strategy for the future following the retirement of one partner and the appointment of another. We saw evidence of discussion around succession planning and future partners, chronic disease management, the use of practice facilities and the possibility of providing different clinics within the practice. We saw that the partners had discussed planning for an away day involving all staff to look at the future.

During our inspection in October 2015 it was identified that the practice had not registered their new partnership arrangement as required with the Care Quality Commission. The practice had begun this process at the time of our inspection in June 2016.

Governance arrangements

The practice had an overarching governance framework which supported the delivery of the strategy and good quality care. We saw that the practice had improved many of their processes including ensuring that policies were updated and reflective of current practice. Their overarching governance framework outlined the structures and procedures in place and ensured that:

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff. We saw that improvements had been made including the development of a consent policy since our previous inspection.
- A comprehensive understanding of the performance of the practice was maintained and we saw that this was discussed and partner and practice meetings with a view to making improvements.
- A programme of continuous clinical and internal audit had been developed and we saw evidence that this was used to monitor quality and to make improvements through the use of fully cycle audits.

- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions. For example, the practice had made improvements to the way they assessed risk with regular monthly reviews of environmental risks within the practice.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff. In particular staff told us they felt that communication had improved in recent months and that there were positive changes within the practice during this time.

The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). This included support training for all staff on communicating with patients about notifiable safety incidents. The partners encouraged a culture of openness and honesty. The practice had systems in place to ensure that when things went wrong with care and treatment::

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

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

- Staff told us the practice held regular team meetings and we saw evidence of this in the form of meeting minutes.
- Staff also told us that openness and transparency within the practice was more apparent with regular meetings being held and staff feeling confident that their views were listened to. They told us they felt supported and confident in raising any issues at team meetings.
- Staff said they felt respected, valued and supported, particularly by the partners and the manager within the practice. All staff were involved in discussions about how to run and develop the practice.

Are services well-led?

Good 

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

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The virtual PPG communicated regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. At the time of our inspection the practice were in the process of developing a face to face group.
- The practice had gathered feedback from staff through regular staff meetings and individual meetings. Staff

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

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team worked with the local clinical commissioning group (CCG) and attend monthly meetings to ensure updates and practice were shared.

The practice had worked to improve a number of activities within the practice since our last inspection including communication, leadership, the management of complaints and significant events and the use of clinical audit.