The Swan Surgery

Quality Report

Swan Street
Petersfield
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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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Swan Surgery on 24 May 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example the practice worked with another GP practice nearby to provide specific support for young adults.
- Feedback from patients about their care was consistently positive.
- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice worked closely with the local community hospital to provide medical cover for two wards which were designated 'step-up, step down' beds.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. These included improving accessibility; reviewing and changing of appointment types and availability and improving IT systems to ensure information was easily shared.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice actively reviewed complaints and how they are managed and responded to, and made improvements as a result.
- The practice had a clear vision which had quality and safety as its top priority. The strategy to deliver this vision had been produced with stakeholders and was regularly reviewed and discussed with staff.
- The practice had strong and visible clinical and managerial leadership and governance arrangements.

We saw one area of outstanding practice:

Summary of findings

The practice carried out two emergency simulation exercises each year and findings from these were used to improve responses to emergencies. For example, the latest exercise carried out in May 2016 was for a baby with breathing difficulties. The practice found that response times were good and staff acted appropriately. Shortfalls were identified with equipment not being readily available As a result each day the practice identified a room for use in an emergency and nursing staff rechecked and tidied the emergency response bag.

However there were areas of practice where the provider should make improvements:

- Continue to review systems to make sure safety alerts are acted upon.

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?

Good

The practice is rated as good for providing safe services.

- There was an effective system in place for reporting and recording significant events.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- Prescription pads and prescription printer paper were logged and stored securely.
- When things went wrong patients received reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

Are services effective?

Good

The practice is rated as good for providing effective services.

- Data from the Quality and Outcomes Framework (QOF) showed patient outcomes were at or above average compared to the national average.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement.
- Staff had the skills, knowledge and experience to deliver effective care and treatment.
- There was evidence of appraisals and personal development plans for all staff.
- Staff worked with other health care professionals to understand and meet the range and complexity of patients' needs.

Are services caring?

Good

The practice is rated as good for providing caring services.

Data from the national GP patient survey showed patients rated the practice higher than others for aspects of care.

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.

Summary of findings

- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.

We observed a patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. When speaking with nurses, GPs and other staff it was clear that the patient was their focus and the ethos of the practice to provide high quality timely care was embedded in how they worked. Staff were able to give examples of patients who were vulnerable and required extra support.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on.
- Feedback from patients about their care and treatment was consistently positive.
- 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.

Are services responsive to people's needs?

Good

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. The practice offered seven day a week cover to two wards in the local community hospital, which provided rehabilitation facilities to avoid admission to an acute hospital; or to provide support for patients discharged from acute hospitals awaiting social care packages to be arranged.
- Patients were consulted on appointment types and were fully involved with developing their care plans.
- The practice was aware of the different needs of population groups and tailored services to meet their needs. For example, they worked with another GP practice to provide a confidential teenage sexual health service.

Summary of findings

- Complaints received by the practice were thoroughly investigated and responded to; patients were invited to meet with the practice to ensure their concerns had been addressed fully.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Are services well-led?

Good

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken.
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

Summary of findings

The six population groups and what we found

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

Older people

Good

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 patients in its population.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- GPs provided cover for 'step down, step up' beds at the local community hospital daily, including weekends.

People with long term conditions

Good

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.
- Diabetes indicators were similar to the national and clinical commissioning group average. However, there was higher exception reporting for patients who were advised to have their blood taken regularly to monitor their average blood sugar levels. The practice had responded by nominating a health care assistant to monitor relevant patient' care. Systems had also been changed to encourage patients to have a blood test prior to their appointment.
- Longer appointments and home visits were available when needed.
- Remote monitoring was available for patients who were diagnosed with asthma or high blood pressure.
- 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.
- The practice was developing a long term condition clinic for patient who had two or more illnesses.

Families, children and young people

Good

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

Summary of findings

- 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. Immunisation rates were relatively high for all standard childhood immunisations.
- The practice had a higher than average number of young adults as patients and services were tailored to meet their needs. Such as access to confidential counselling services and sexual health clinics.
- Young patients were asked about sexual grooming when requesting contraceptives.
- 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 78%, which was comparable to the CCG average of 77% and the national average of 74%.
- 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)

Good

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

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

People whose circumstances may make them vulnerable

Good

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 homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.

Summary of findings

- 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.
- The practice also worked with the local Citizen's Advice Bureau and Job Centres to provide health and social support to patients.

People experiencing poor mental health (including people with dementia)

Good

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

- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their records, which is comparable to the national average.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those living with dementia.
- The practice carried out advance care planning for patients living 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 those living with dementia.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with local and national averages. A total of 237 survey forms were distributed and 126 were returned. This represented 1% of the practice's patient list.

- 81% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 99% 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%.
- 88% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 90% 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 52 comment cards which were all positive about the standard of care received. Comments included friendly; wonderful; approachable; listened to and thorough. Staff members were also singled out for praise and mentioned by name. Patients also said that they were involved in their care plans and teaching sessions organised by the practice and patient participation group were well organised and informative.

We spoke with two patients during the inspection. Both patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

The Swan Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to The Swan Surgery

The Swan Surgery is situated in modern, purpose-built premises close to the centre of town, with an onsite pharmacy. There are close links with Petersfield Community Hospital which is adjacent to the practice. There are approximately 13,700 patients registered.

There are eight GP partners, six are male and two are female. There are three salaried GPs, one of whom is male and the other two are female. Six of the GPs are full time and five GPs are part time. The practice is also a training practice for GP registrars, training to become GPs and has two GP trainers. The GPs are supported by a team of seven practice nurses and four healthcare assistants, reception and administration staff, alongside a practice management team.

The premises have level access with car parking facilities and automatic entrance doors. All consulting and treatment rooms are situated on the ground floor.

The practice is open between 8.30am and 6.30pm Monday to Friday, with telephone lines being open from 8am. Appointments are available during these times daily. Extended hours appointments are offered at the following times on Tuesdays and Friday between 7am and 8.30am.

Pre-bookable appointments are available between 8am and 11am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments are also available for patients that needed them.

The practice is situated in one of the least deprived areas of England; the majority of the population is white British. There are higher than average numbers of patients aged over 85 years and those aged 15 to 19 years. This is partly due to the practice area covering two independent schools, one of which is a boarding school.

We inspected the only location at:

Swan Street

Petersfield

Hampshire

GU32 3AB

Why we carried out this inspection

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

Detailed findings

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 8 October 2015. During our visit we:

- Spoke with a range of staff including GPs, practice managers, reception staff and nursing staff and spoke with patients who used the service.
- Observed how patients were being cared for and talked with carers and/or family members.
- 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 living 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.

Good

Are services safe?

Our findings

Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice. For example, a dose of a high risk medicine had been changed by the hospital, but this information was not relayed to the practice. The patient noted the error and informed the practice, who took action to ensure repeat prescriptions were only given individually during the three month prescription cycle to ensure closer monitoring. They also undertook a search of computer systems monthly to monitor any other patients on high risk medicines.

The practice had a system in place for reviewing and acting on Medicine and Health Regulatory Authority (MHRA) alerts, but this was not consistently followed. The practice had received 13 alerts and acted on seven of them. We found that when alerts were raised about potential issues with disease modifying medicines the practice had not always acted on the information. During the course of the inspection the practice ran searches and arranged for patients to have a review or recommended treatment.

Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level three.
- We found that safeguarding training on children and adults was mandatory and formed part of a comprehensive induction programme for all staff.
- The practice liaised closely with school nurses, nursery nurses and other agencies to ensure all children deemed at risk of harm were known and information could be shared appropriately.
- 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.
- At the time of inspection only nurses acted as chaperones. A healthcare assistant was due to receive training. During the nurses morning meeting a nominated nurse would be identified to act as a chaperone throughout the day. GPs were told who this member of staff was, so they could access a chaperone quickly when needed.
- 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.

- The practice had a cycle of infection control audits which they carried out throughout the year and these were led by the clinical commissioning group (CCG) and outcomes and actions were shared with the CCG.
- 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 usually securely stored and there were systems in place to monitor their use. Where patients were prescribed controlled drugs this was overseen by a nominated GP to provide continuity of care.
- Patient group directions had been adopted by the practice to allow nurses to administer medicines in line with legislation. Health care assistants were trained to administer vaccines and medicines against a patient specific prescription or direction from a prescriber.
- We reviewed seven personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, evidence of satisfactory conduct in previous employment in the form of references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out regular fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of substances hazardous to health and infection control and Legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- 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.

The practice carried out two emergency simulation exercises each year and findings from these were used to improve responses to emergencies. For example, the latest exercise carried out in May 2016 was for a baby with breathing difficulties. The practice found that response times were good and staff acted appropriately. Shortfalls were identified with equipment not being readily available As a result each day the practice identified a room for use in an emergency and nursing staff rechecked and tidied the emergency response bag.

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

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

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available. We noted that exception reporting for diabetes indicators was higher than the clinical commissioning group and national average:

The practice excepted 24% of eligible patients who would benefit from regular blood tests to monitor their average blood sugar level over a period of three months. This compared with the CCG average of 18% and the national average of 12%. (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects). However, the overall exception rating for diabetic indicators was 12% compared with the CCG average of 13% and national average of 11%.

- Performance for diabetes related indicators was higher than the national average. For example, 86% of patients on the register who had had their average blood sugar level monitored three monthly, compared with the national average of 78%. However, exception ratings were higher than the national average.
- A total of 85% of patients whose blood pressure reading was within acceptable limits, compared with the national average of 78%. Exception reporting for this area was lower than the national average.
- A total of 87% of patients on the diabetes register whose had had their cholesterol measured in the past 12 months, compared with the national average of 80%.
- Performance for mental health related indicators was similar to the national average.
- A total of 87% 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 84%.
- 95% of patients with schizophrenia, bipolar affective disorder and other psychoses who had an agreed care plan documented in their records, which is comparable to the national average.

The practice was aware of where they needed to improve diabetes care and had put into place systems to enable appropriate treatment to be given. Patients who were due their annual review or had a routine appointment with a GP were requested to have blood tests a week before the appointment. This was so the results would be available to discuss during the appointment and coded on the computer system, to reduce the number of exception reporting.

There was a lead nurse and GP responsible for coordinating care for each of the long term conditions such as asthma and diabetes and they worked together, sometimes seeing a patient together to plan appropriate care and treatment with patients. There was also a nominated health care assistant who was responsible for monitoring the care and treatment of all patients diagnosed with diabetes and organised their recalls for reviews.

There was evidence of quality improvement including clinical audit.

- We reviewed seven clinical audits which were completed in the last year; one of these was a completed audit where the improvements made were implemented and monitored. The second cycles of two of the other audits were due to be carried out in June and July 2016.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.

Good

Are services effective?

(for example, treatment is effective)

Findings were used by the practice to improve services. For example, recent action taken as a result included the purchase of blood pressure monitors to enable patients to record their blood pressure at home and two ambulatory blood pressure machines.

Information about patients' outcomes was used to make improvements. One of the GPs undertook an audit of nurse led minor illness consultations. Ten consultations were selected at random and assessed as to whether they were managed appropriately. Results from the audit dated 23 May 2016, showed that all consultations were handled appropriate and on occasion the practice nurse worked autonomously and appropriately to meet patients' needs. For example, the nurse contacted a specialist nurse for advice on a patient's condition which resulted in referral to secondary care services for further treatment. The nurse led minor illness consultations had been in place for two months at the time of our inspection and further monthly audits had been planned, with a nominated GP to carry them out.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions.
- Protected training time was available for all staff and when needed staff attended training sessions organised by the CCG.
- 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 supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.
- The practice had GP trainees and we saw that their training notes provided detailed information and guidance on their role. All staff that we spoke with said they received suitable training and support to carry out their role.

Coordinating patient care and information sharing

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

- This included care and risk assessments, care plans, medical records and investigation and test results.
- The practice shared relevant information with other services in a timely way, for example when referring patients to other services.
- Systems were in place to ensure that care was coordinated. Each GP had a personal list, apart from the salaried GP who was responsible for providing cover when other GPs were on leave or away from the practice. There was a buddy system in place for managing test results and letters during GPs absences.
- The nursing team had a routine 15 minutes meeting each morning to discuss patient care and share information.

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

Consent to care and treatment

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

Good

Are services effective?

(for example, treatment is effective)

- 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. GPs were responsible for assessing the capacity of patients under the age of 16 years old when requests for contraception were required.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.
- The process for seeking consent was monitored through patient records audits.

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.
- The practice actively promoted self-care for minor illnesses and had a range of information in leaflet form and on the website for patients to access.
- If a pregnant woman was diagnosed with a mental health condition, the practice liaised closely with the mental health team to provide appropriate care and support, to reduce the risk of a mental health crisis during the pregnancy and post-delivery.
- The Patient Participation Group (PPG) ran health information sessions twice a year on a Saturday morning. This involved covering areas such as baby health, heart conditions and men's health. A GP and nurse were also available during these sessions to provide advice and support. On occasion external support groups were invited to provide health information, for example St Johns Ambulance, who carried out a session on basic life support. The members of the PPG we spoke with said that the session on dealing with emergencies involving babies was attended grandparents who had childcare responsibilities, as well as parents.
- The PPG gave an example of where concerns were identified, when a patient who had attended for a talk on heart conditions was found to have a raised blood pressure reading. Appropriate treatment and care was then organised for this patient.

The practice's uptake for the cervical screening programme was 78%, which was comparable to the CCG average of 77% and 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 demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. There were failsafe systems in place to ensure results were received for all samples sent for the cervical screening programme and the practice followed up women who were referred as a result of abnormal results.

Childhood immunisation rates for the vaccines given were comparable to CCG averages. For example, childhood immunisation rates for the vaccines given to under two year olds ranged from 51% to 99% and five year olds from 90% to 100%.

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.

Good

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. We observed a strong patient-centred culture:

- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. When speaking with nurses, GPs and other staff it was clear that the patient was their focus and the ethos of the practice to provide high quality timely care was embedded in how they worked. Staff were able to give examples of patients who were vulnerable and required extra support. For example, a GP said that one home visit the patient needed admission to hospital. The patient did not have any close friends or relatives to assist, so the GP packed an overnight bag for the patient and stayed with the patient until the ambulance arrived. Other examples included providing care to young adults who were boarders at a local school. Such as, giving sufficient time for a young person to express their concerns; treating young people in a non-judgemental way and facilitate communication with their parents, for example if the young person needed support related to their mental health.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on. The Patient Participation Group (PPG) gave examples of where the practice had improved the environment to promote and maintain patients' independence. Such as having installed push buttons to operate the automatic doors.
- 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 52 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect. Patients also said that they were involved in their care plans and teaching sessions organised by the practice and patient participation group were well organised and informative. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required.

We spoke with two members of the PPG. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. They also provided us with feedback from members of the PPG about the service provided, these comments aligned with the feedback we had received. The practice had received several positive reviews on NHS Choices about the care and treatment received.

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

- 98% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 99% of patients said they had confidence and trust in the last nurse they saw compared with the CCG average of 97% and the national average of 97%.
- 88% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 88% of patients said the GP gave them enough time compared to the CCG average of 89% and the national average of 87%.
- 91% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 92% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 89% and the national average of 87%.

Good

Are services caring?

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 and there was evidence of patient involvement throughout the process.

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

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 86%.
- 86% of patients said the last GP they saw was good at involving them in decisions about their care compared to the national average of 82%.
- 85% of patients said the last nurse they saw was good at involving them in decisions about their care compared to the national average of 85%.
- 92% of patients said the last nurse they saw was good at explaining tests and treatments compared to the CCG average of 90% and the national average of 90%.

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

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

Patient and carer support to cope emotionally with care and treatment

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 206 patients as carers (2% of the practice list). The practice identified carers opportunistically and held carers sessions to provide information and support. Once a month an external care support worker, used the practice to provide practical as well as emotional support for carers. We saw that there was information on the TV screen in the waiting area about other support groups in the area. 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. This call was either followed by a patient consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

Good

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.

- There were longer appointments available for patients with a learning disability or those patients whose care and treatment required them.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice worked closely with the community hospital, which was next to their premises. Cover was provided for 'step down, step up' beds used for rehabilitation when a patient was discharged from an acute hospital; and the beds were used when an admission to an acute setting would not be appropriate for a patient and to provide care closer to the patient's home. The GPs covered the wards on a weekly rotation basis and visited the hospital each day, including weekends.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. Feedback we received from patients demonstrated that children were seen as a priority.
- Patients were able to receive travel vaccines available on the NHS and were referred to other clinics for vaccines available privately.
- There were disabled facilities, a hearing loop and translation services available.
- All consulting and treatment rooms were on the ground floor and the practice had installed an electronic door, operated with a push button, from the waiting area to consulting rooms for patients with limited mobility.
- The practice worked with another local practice to provide a confidential teenage sexual health service. Patients' records for this service were kept separately from their usual GP records.
- The practice made use when necessary of a helpline which was accessible at lunchtimes and managed by the local community adolescent mental health team, for advice and guidance.
- Patients communications needs were added to patient records to enable staff to identify what support was needed, for example if the patients required information in other languages apart from English.
- The practice acknowledged that there could be improvements in the information available for patients with a learning disability. At the time of the inspection information was not available in easy read or pictorial formats. Staff said that they were able to access web based information which was available and they would use this when needed and print off relevant information in easy read formats, whilst other resources were put together.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were available during these times daily. Extended hours appointments were offered at the following times on Tuesdays and Friday between 7am and 8.30am. Pre-bookable appointments were available between 8am and 11am every Saturday. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for patients that needed them. Nurse led consultation clinics for minor illnesses were also available.

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.

- 82% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 81% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

Patients told us on the day of the inspection that they were able to get appointments when they needed them. We found that the appointment system was continually under review and audits and surveys were undertaken to establish which type of appointments were used and patient views on what suited 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.

Good

Are services responsive to people's needs?

(for example, to feedback?)

The practice had a system called 'Direct to your Doctor'. GPs triaged all patients over the telephone first to assess their clinical needs. Appointments were booked on the same day with the GP if a patient's condition needed urgent attention. Non-urgent appointments could be booked on subsequent days as necessary and when convenient to the patient. When appropriate GPs would provide telephone advice only. The aim of the system enabled the practice to ensure that all patients that had a clinical need were seen and provided patients with fast, direct access to their GP.

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

Listening and learning from concerns and complaints

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

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

We looked at 13 complaints received in the last two years and found these were satisfactorily handled, dealt with in a timely way, with openness and transparency. Lessons were learnt from individual concerns and complaints and also from analysis of trends and action was taken to as a result to improve the quality of care. For example, a patient was concerned about a misdiagnosis. The GP concerned reflected on the consultation and discussed the situation with other GPs. The patient was given a formal apology for the 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 to deliver high quality care and promote good outcomes for patients.

The overarching strap line was 'Caring for you, by knowing you' which was on their website and in their patient charter. All staff were clear on the vision and were committed to providing high quality care. The practice aimed to provide personalised care to meet patients' needs and support staff to achieve this aim.

- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.
- Processes were in place for succession planning and the skill mix of staff was reviewed whenever a vacancy arose.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- Staff told us the practice held a range of meetings regularly which included daily 15 minute GP, practice manager and nurses meetings. The practice held quarterly safeguarding meetings and six monthly significant event and complaints meetings, to analyse themes and trends. These meetings were also used to monitor learning points and actions from complaints and significant events.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so. It was clear from our discussions with staff, observation and patient feedback that the vision and values of the practice underpinned to daily work.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

Are services well-led?

Good

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. The PPG met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a push button was installed on the door between the waiting area and consulting rooms, to make access easier. New chairs were purchased for the waiting area which could be easily cleaned.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. The practice had discussed skill mix with staff and had ensured their views were taken into account when recruiting new staff. Staff told us they felt involved and engaged to improve how the practice was run.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice was in the early stages of becoming a Vanguard site for developing new models of care with other GP practices aiming to integrate primary and acute services. The practice was developing a multi morbidity long term condition clinic for patients with two or more illnesses. They planned to have patient passports, which contain relevant health and social care information on how patients want to receive care and treatment.