

Stenhouse Medical Centre

Quality Report

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Date of inspection visit: 13 July 2016

Date of publication: 12/09/2016

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 Stenhouse Medical Centre on 13 July 2016. Overall the practice is rated as good.

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

- The practice demonstrated an open and transparent approach to safety. There were systems in place to enable staff to report and record significant events. Learning from significant events was shared with relevant staff.
- Risks to patients were assessed and well managed. There were arrangements in place to review risks on an ongoing basis to ensure patients and staff were kept safe.
- Staff delivered care and treatment in line with evidence based guidance and local guidelines. Training was provided for staff to ensure they had the skills and knowledge required to deliver effective care and treatment for patients.
- Feedback from patients was that they were treated with kindness, dignity and respect and were involved in decisions about their care.

- Regular clinical audits were undertaken within the practice to drive improvement.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they generally found it easy to make an urgent appointment and that staff would always accommodate them where possible.
- The practice had good facilities and was well equipped to treat patients and meet their needs. Adjustments had been made to the premises to ensure these were suitable for patients with a disability.
- The practice had mechanisms in place to robustly monitor their performance in respect of access and patient satisfaction. Feedback was proactively sought from staff, patients and stakeholders and acted upon.
- There was a clear leadership structure which all staff were aware of. Staff told us they felt supported by the partners and management.
- The provider was aware of and complied with the requirements of the duty of candour.

There was one area where the practice should make improvements:

Summary of findings

- The practice should continue to make efforts to identify and support carers within their patient population

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.

- The practice had systems in place to enable staff to report and record significant events. Staff understood the systems and were encouraged to report events and incidents.
- Learning from significant events was identified and openly discussed with staff to ensure action was taken to improve safety.
- When things went wrong patients received support, information and apologies. They were told about actions to improve processes to prevent the same thing happening again.
- Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. For example, medicines were managed safely within the practice. The practice had recently developed a new repeat authorisation protocol which it had been asked to share by the clinical commissioning group as an example of good practice.
- Risks to patients were assessed and generally well managed across the practice.

Good



Are services effective?

The practice is rated as good for providing effective services.

- Nationally reported data showed that outcomes for patients were above local and national averages. The practice used the Quality and Outcomes Framework (QOF) as one method of monitoring its effectiveness. The most recently published results showed the practice had achieved 96.8% of the total number of points available. This was 1.7% above the clinical commissioning group (CCG) average and 2.1% above the national average.
- The practice had a robust recall system in place and did not routinely exempt patients for failing to attend for reviews. The practice had an overall exception reporting rate within QOF of 7.2% which was 1.9% below the CCG average and 2% below the national average. (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).

Good



Summary of findings

- There were systems in place to ensure staff were up to date with relevant guidelines including regular training and clinical meetings. Templates on the patient record system were used to support the delivery of patient care were updated regularly to ensure any changes to guidelines were embedded.
- Clinical audits were undertaken within the practice to support 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?

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 several aspects of care. For example, 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 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.
- A practice survey of local care homes demonstrated that care home staff felt clinicians from the practice were caring and respectful towards their residents.
- We saw a range of examples of supporting patients, including delivering medication or prescriptions to patient at home.

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.
- Extended hours appointments were available four days per week to meet the needs of the patient population.

Good



Summary of findings

- Significant changes had been made to the practice's appointment system to meet the needs of the patient population. All calls were logged and patients telephoned back to undergo an initial clinical assessment by telephone. This had improved feedback about access to appointments.
- Patients said they generally found it easy to make an appointment with a 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. The practice had achieved breastfeeding friendly accreditation from their local council in recognition of being a breast feeding friendly place.
- 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?

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 providing a safe, high quality service.
- The leadership, governance and culture of the practice were used to drive and improve the delivery of high quality patient centred care.
- Governance and performance management arrangements supported improvements in the services offered to patients.
- The practice proactively sought feedback from staff, patients and other stakeholders and used learning and findings to improve the service it offered to patients.
- There was a clear leadership structure and staff felt supported by management.
- The patient participation group (PPG) was active and met regularly; they worked closely with the practice to identify areas for improvement and supported them to make improvements. For example, the PPG had been involved in the improvement of lighting in the entrance area of the practice.
- There was a strong focus on continuous learning and improvement at all levels.

Good



Summary of findings

The six population groups and what we found

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

Older people

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

- Personalised care was offered by the practice to meet the needs of its older population. The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Longer appointments were provided for older people as required.
- The practice worked closely with community teams to ensure a multidisciplinary package of care was in place for these patients.
- Feedback from local care homes supported by the practice was positive about the treatment of their residents.
- The practice was actively working to increase the number of identified carers within their patients population and staff had received recent training from a local carers' charity.

Good



People with long term conditions

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

- Clinical staff had lead roles in managing patients with long-term conditions and those patients identified as being at risk of admission to hospital were identified as a priority.
- Performance for diabetes related indicators was 86.6% which was 0.7% below the CCG average and 2.6% below the national average. The exception reporting rate for diabetes indicators was 8.9% which was slightly below the CCG average of 10.7% and the national average of 10.8%.
- Longer appointments and home visits were available when needed to facilitate access for these patients. Home visits were also undertaken by nursing staff to ensure these patients received regular reviews.
- All these patients had a named GP and were offered regular reviews to check their health and medicines needs were being met.
- For patients with more complex needs, the named GP worked with relevant health and social care professionals to deliver a multidisciplinary package of care.

Good



Summary of findings

Families, children and young people

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

- Systems were in place to identify children at risk. The practice had a dedicated child safeguarding lead staff were aware of who this was.
- We saw positive examples of joint working with midwives, health visitors and school nurses with regular meetings being held to discuss children at risk.
- Extended hours appointments were offered four days per week, to ensure appointments were available outside of school hours.
- A full range of contraception services were available including coil fitting and contraceptive implants.
- There were toys in the reception area and the practice had received accreditation from the local council as a breastfeeding friendly place.
- Vaccination rates for childhood immunisations were in line with local averages.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice offered services which were accessible and flexible. For example extended hours appointments were offered four days per week to facilitate access for working patients.
- Flexible appointment times could be offered in addition to telephone contact through the practice's telephone based clinical assessment service.
- The practice was proactive in offering online services including appointment booking and online prescription services.
- A range of health promotion and screening services were offered and promoted that reflected the needs of this age group.
- The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 86% and the national average of 82%.
- A range of services were offered at the practice to facilitate patient access including minor surgery and joint injections.
- Text messaging was used to confirm appointments and issue reminders.

Good



Summary of findings

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 offered longer appointments for patients with a learning disability where required. 84% of patients with a learning disability had received an annual health check in the last 12 months.
- Information was available which informed vulnerable patients about how to access local and national support groups and voluntary organisations.
- Translation services were provided where these were required.
- In order to effectively support vulnerable patients, GPs worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- 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.

Good



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).

- Performance for mental health related indicators was 100% which was 6.2% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 18.6% which was above the CCG average of 14.8% and the national average of 11.1%.
- 96.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 8.7% above the CCG average and 12.5% above the national average. This exception reporting rate for this indicator was 9.6% which was similar to the CCG average of 9% and the national average of 8.3%.
- Monthly multidisciplinary meetings were held within the practice to ensure the needs of these patients were being met.
- The practice had a system in place to follow up patients who had attended A&E who may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia and staff had received dementia awareness training.

Good



Summary of findings

What people who use the service say

We reviewed the results of the national GP patient survey which were published in July 2016. The results showed the practice was performing in line with local and national averages. A total of 225 survey forms were distributed and 128 were returned. This represented a 57% response rate and equated to 1% of the practice's patient list.

- 66% of patients found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 68% and the national average of 73%.
 - 86% of patients were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 84% and the national average of 85%.
 - 87% of patients described the overall experience of this GP practice as good compared to the CCG average of 84% and the national average of 85%.
- 81% of patients said they would recommend this GP practice to someone who has just moved to the area compared to the CCG average of 78% and the national average of 78%.

As part of our inspection, we received 21 completed CQC comment cards. Twenty of these were positive about the standard of care and treatment and the level of service provided by the practice. Patients said they felt all practice staff provided an excellent service and would recommend the practice to others. Patients highlighted that staff were polite, caring and kind.

We spoke with eight patients (including a member of the patient participation group) during the inspection. Patient gave positive feedback about the care they received and thought staff were approachable, committed and caring.

Stenhouse Medical Centre

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector. The team included a GP specialist adviser and an Expert by Experience (an Expert by Experience is someone with experience of using GP services)

Background to Stenhouse Medical Centre

Stenhouse Medical Centre provides primary medical services to approximately 11800 patients through a personal medical services contract (PMS).

The practice is located in purpose built premises in the Arnold area of Nottingham. The practice has occupied its current premises since 1991 with an extension added in 2004. Car parking, including parking for disabled patients, is available and the practice is accessible by public transport.

The level of deprivation within the practice population is below the national average with the practice population falling into the seventh most deprived decile. Income deprivation affecting children and older people is below the national average.

The clinical team comprises six GP partners (all female), three salaried GPs (female) two advanced nurse practitioner (one male, one female), four practice nurses and two healthcare assistants. The practice is a teaching practice for medical students and a training practice for trainee doctors.

Support for the clinical team is provided by a practice manager working 32 hours per week, a practice operations manager and a reception manager overseeing the team of reception and administrative staff.

The practice opens from 8am to 6.30pm on Monday and from 7am to 6.30pm Tuesday to Friday. Morning surgery runs from 8am to 11.25am on Monday and from 7am to 11.25am Tuesday to Friday. Afternoon surgery runs from 3.35pm to 5.35pm Monday to Friday.

The practice has opted out of providing out-of-hours services to its own patients. This service is provided by NEMS and is accessed via 111.

Why we carried out this inspection

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 13 July 2016. During our visit we:

Detailed findings

- Spoke with a range of staff (including GPs, nursing staff, the practice manager, the practice operations manager and reception and administrative 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 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

Systems were in place to enable staff to report and record significant events.

- Templates were available and accessible to all staff via the practice's computer system. Significant events were reported to senior staff appropriately. 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).
- Significant events were discussed and reviewed regularly and were a standing item on the weekly management meeting agenda.
- Where patients were affected by an incident or event, they were contacted by the practice and offered support, explanations and apologies. Patients were told about any action taken by the practice to improve systems and processes to prevent the same thing happening again.

We reviewed information relating to safety including 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, following a significant event concerning a missing controlled drug the practice undertook an internal review and involved the clinical commissioning group (CCG) and NHS England. All staff were made aware of the incident and kept updated throughout the review. As a result of the review the practice made the decision to change their processes and ceased to stock controlled drugs. (Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs.)

Overview of safety systems and processes

Systems and processes were in place to ensure patients were kept safe and safeguarded from abuse. These included:

- Arrangements were in place to safeguard children and vulnerable adults from abuse which reflected local

requirements and relevant legislation. Appropriate policies were in place and were easily accessible to all staff. Policies detailed who staff should contact within the practice if they were concerned about the welfare of a patient. There were lead GPs for child and adult safeguarding. Children at risk were discussed at regular meetings with community based staff including health visitors. GPs attended external safeguarding meetings when possible and 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 the appropriate level (level 3).

- Information was displayed in the waiting area and in consultation rooms to make patients aware 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).
- Appropriate cleaning schedules were in place within the practice to ensure high standards of cleanliness and hygiene were maintained. The premises were observed to be clean and tidy during our inspection. The lead practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. Infection control protocols and policies were in place and staff received regular training at a level relevant to their role. Regular infection control audits were undertaken and action was taken to address any improvements identified as a result.
- Robust arrangements were in place to manage medicines, including emergency medicines and vaccines, which kept patients safe. This included the arrangements for ordering, prescribing, recording, handling, security, storage and disposal of medicines. Processes were in place to handle requests for repeat prescriptions which included the review of high risk medicines. There were additional measures in place to ensure the security of prescriptions issued for controlled

Are services safe?

drugs. The practice had recently developed a protocol for the reauthorisation of prescriptions which was being shared with other practices by the CCG as an example of good practice.

- Blank prescription forms and pads were securely stored and there were systems in place to monitor their use.
- 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. Systems were in place to enable clinicians to print leaflets at the point of prescribing medicines which were used to help patients understand any possible side effects of medicines. Links to these were embedded within templates on the practice's computer system.
- 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 four personnel files and found most of the appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS). We identified one clinical member of staff who had provided a DBS certificate from a previous employer prior to starting with the practice which was over one year old and which was outside of the usual six months outlined in the practice's policy. This had been identified by the practice and a new DBS had been requested.

Monitoring risks to patients

Risks to patients were assessed and well managed.

- Procedures were in place to monitor and manage risk to the safety of staff and patients. There was health and safety policy in place which was updated annually and 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. The practice ensured that numbers of staff taking leave at any one time was restricted to ensure there was adequate cover to meet the needs of patients. For example, only two doctors were permitted to take leave at the same time. In addition, administrative staff were trained across a number of roles to ensure they could provide cover for each other in the event of sickness or annual leave.

Arrangements to deal with emergencies and major incidents

There were arrangements in place to ensure the practice was equipped to deal with major incidents and emergencies. These included:

- 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. A first aid kit and accident book were available.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks.
- Emergency medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. All the medicines we checked were in date and stored securely.
- There was business continuity plan in place to provide a framework and response plan for major incidents such as power failure or building damage. Copies of the plan were held off-site and the plan included emergency contact numbers for suppliers and key members of staff. A communication cascade outlined who was responsible for contacting whom in the event of a major incident.

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

Clinical staff assessed the needs of patients and delivered care in line with relevant evidence based guidance and standards, including National Institute for Health and Care Excellence (NICE) best practice guidelines and local guidelines.

- Systems were in place to keep all clinical staff up to date. Staff had access to guidelines from NICE and local guidelines electronically. Records showed relevant updates to these were discussed in clinical meetings.
- Weekly referral review meetings were held within the practice and this afforded clinical staff an opportunity to discuss changes or updates to guidelines.
- Staff attended regular training which supported their knowledge about changes and updates to guidelines. Learning from training was shared with colleagues. One of the practice partners had delivered a training session to the clinical commissioning group (CCG)'s protected learning session last year on new cancer guidelines.
- The practice monitored that guidelines were followed through risk assessments, audits and checks of patient records. Topics for clinical audit were linked to NICE guidelines.

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 recently published results showed the practice had achieved 96.8% of the total number of points available. This was 1.7% above the clinical commissioning group (CCG) average and 2.1% above the national average.

The practice had an overall exception reporting rate within QOF of 7.2% which was 1.9% below the CCG average and 2% below the national average. (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).

The practice told us their exception reporting rate had been identified as being the lowest in the CCG area and they had been asked to share how they achieved this with other practices in the area. We saw that the practice had a robust recall system in place with different administrative lead, and deputy leads, in different areas. This ensured that patients received regular and timely reminders to attend for their reviews. In addition to written reminders, patients were telephoned to encourage them to attend for review.

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 86.6% which was 0.7% below the CCG average and 2.6% below the national average. The exception reporting rate for diabetes indicators was 8.9% which was slightly below the CCG average of 10.7% and the national average of 10.8%.
- Performance for indicators related to hypertension was 100% which was 1.1% above the CCG average and 2.2% above the national average. The exception reporting rate for hypertension related indicators was 3.7% which was slightly below the CCG average of 4.1% and the national average of 3.8%.
- Performance for mental health related indicators was 100% which was 6.2% above the CCG average and 7.2% above the national average. The exception reporting rate for mental health related indicators was 18.6% which was above the CCG average of 14.8% and the national average of 11.1%.
- 96.5% of patients diagnosed with dementia had their care reviewed in a face to face meeting in the last 12 months, which was 8.7% above the CCG average and 12.5% above the national average. This exception reporting rate for this indicator was 9.6% which was similar to the CCG average of 9% and the national average of 8.3%.

In addition to having regular recalls in place for long-term conditions included in the QOF, the practice had developed registers and recalls for others patient groups they considered needed regular monitoring. For example, the practice had set up regular recalls for patients who had coeliac disease and for those who had undergone a splenectomy.

There was evidence of quality improvement including clinical audit.

Are services effective?

(for example, treatment is effective)

- There had been six clinical audits undertaken in the last 12 months. We reviewed two completed audits where the improvements made were implemented and monitored. For example, the practice had undertaken an audit on the prescribing of NOACs. (Novel oral anti-coagulants (NOACs) are increasingly prescribed as an alternative to warfarin for stroke prevention). As a result of the initial audit areas for improvement were identified including improvement to the recall system for patients taking these medicines and staff education. Re-audit demonstrated an improvement in the prescribing and monitoring of patients taking NOACs.
- In addition the practice had audited areas including minor operations, cervical cytology; outpatient attendance; A&E attendance and referrals.
- The practice participated in local audits, benchmarking and peer review. For example, representatives from the practice met regularly with other practices in their CCG and in their locality group. This enabled the practice to review areas of performance such as A&E attendance rates and referral rates.

Effective staffing

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

- Newly appointed clinical and non-clinical staff were provided with role specific induction programmes. This covered such topics as safeguarding, fire safety, health and safety and confidentiality. Information packs were provided for locums working within the practice. New staff were provided with a copy of the practice's staff handbook when they joined which provided them with general information including information about annual leave, sickness and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff including for those reviewing patients with long-term conditions. For example, nursing staff had received training to support them in reviewing patients with diabetes and respiratory conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence and arrangements were in place to ensure updates were undertaken as required. 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 meetings.

- Appraisals, meetings and ongoing reviews of the practice's development needs were used to identify learning needs across the practice. Staff had access to 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 and nurses. Clinical support and debriefing was provided within the practice and GP registrars had daily scheduled debrief sessions with a GP. Advanced nurse practitioners and the practice's GP retainer had weekly debrief sessions with nominated GPs.
- All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

Coordinating patient care and information sharing

Information needed to plan and deliver care and treatment was available to staff in a timely and accessible way through the patient record system and their internal computer system. This included care and risk assessments, care plans, medical records and investigation and test results. Arrangements were in place to effectively process incoming and outgoing correspondence. The practice shared relevant information with other services in a timely way, for example when referring patients to other services.

The practice staff worked effectively with other health and social care professionals to meet the needs of their patients 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 community health care professionals on a monthly basis when care plans were routinely reviewed and updated for patients with complex needs. These were attended by a range of health and social care professionals including social workers and district nurses. The practice had recently requested input from the community psychiatric nurse at their multidisciplinary meetings.

Are services effective?

(for example, treatment is effective)

Care planning was used to support patients who were nearing the end of their lives and the practice held monthly palliative care meetings. The practice was using Electronic Palliative Care Co-ordination Systems (EPaCCS) to enable the recording and sharing of patient preferences and their key information. Data showed that the practice had used this system for 0.66% of their practice population as of July 2016 which was the fourth highest achievement in the CCG. The practice told us that patients' death in their usual place of residence was recorded at 72% which was an increase from 30%-40% historically.

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. Appropriate policies and protocols were in place to support staff in seeking consent in line with legislation.
- Written consent was sought for procedures where appropriate. For example, written consent was sought from patients when having intrauterine contraceptive devices fitted.
- Clinical staff undertook assessments of capacity to consent in line with relevant guidance when providing care and treatment for children and young people.
- Where there were concerns about a patient's capacity to consent to care or treatment clinicians undertook mental capacity assessments and recorded the outcome.

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 or referred to relevant services as required.
- Patients could access some psychiatry services from the practice through a regular clinic delivered from their premises.

The practice's uptake for the cervical screening programme was 83%, which was comparable to the CCG average of 86% and the national average of 82%. The practice offered reminders for patients who did not attend for their cervical screening test. 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 itself women who were referred as a result of abnormal results when they were discharged back for routine cervical screening tests.

The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. Data for breast cancer screening showed that 76% of eligible patients had attended in the last 36 months compared with the CCG average of 79% and the national average of 72%. Data for bowel cancer screening showed that 64% of eligible patients had attended for screening in the last 30 months compared to the CCG average of 60% and the national average of 55%.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 91% to 96% compared to the CCG average of 92% to 97%. For five year olds rates ranged from 90% to 100% compared to the CCG average of 90% to 98%.

Patients had access to appropriate health assessments and checks. New patients registering with the practice were offered new patient checks and requested to complete a comprehensive health questionnaire which covered health risk factors including alcohol consumption and smoking status. The practice offered NHS health checks to patients aged 40–74. Data showed that the practice had sent offers for 366 health checks in 2015/16 and had completed 85 health checks. The practice had changed their process for the current year to include calling and writing to eligible patients in an effort to increase the number of health checks completed. Information had also been displayed in the waiting area and on the website about health checks. Data showed that 97 checks had been completed in the first quarter of 2015/16 which exceeded the total number completed in the previous year. 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

During our inspection we observed that staff treated patients with kindness and respect. In addition, measures were in place within the practice to maintain the privacy and dignity of patients and to ensure they felt at ease. These included:

- Doors to consultation and treatment rooms were kept closed during consultations and conversations could not be overheard.
- Reception staff offered to speak with patients in a private area if they wanted to discuss something sensitive or they appeared distressed.
- Curtains were provided in consulting rooms to maintain dignity during examinations and treatments.

We received 21 completed comment cards as part of our inspection. Twenty of these were positive about the standard of care and treatment and the level of service provided by the practice. Patients said they felt all practice staff offered an excellent service and would recommend the practice to others. A number of patients highlighted the compassion and empathy demonstrated by staff who worked at the practice through periods of illness and bereavement.

We spoke with nine patients (including one member of the patient participation group (PPG)). They told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required. Patients highlighted that they were given enough time during consultations and felt listened to. Patients said they found staff open, honest and friendly.

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

- 90% 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%.

- 87% 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 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 85% and the national average of 85%.
- 86% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 89% national average of 91%.
- 100% of patients had confidence and trust in the last nurse they saw compared to the CCG average of 98% and the national average of 97%.

Patient survey results were positive with respect to interactions with reception staff:

- 88% of patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Patients and staff told us about a number of examples of staff going the extra mile to meet the needs of their patients. These included the following:

- Staff dropping off prescriptions to patients homes or to their local chemist to ensure they had their medication
- Personal telephone numbers of GPs given to palliative patients and members of the district nursing team to ensure support patients nearing the end of their lives and to afford continuity
- GPs making lunch and drinks whilst on home visits for vulnerable patients
- Offering assistance to a patient who lived close to the practice to attend their appointment. A member of practice staff collected a patient from their home near the practice using the practice's wheelchair due to the patient being unable to walk.

Care planning and involvement in decisions about care and treatment

Patients were positive about their level of involvement in decision making in relation to their care and treatment. Patients told us they were listened to and well supported

Are services caring?

by clinical staff as well as being given sufficient time during consultations to make informed decisions 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 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. For example:

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

- Although the vast majority of patients had English as a first language, staff told us that translation services were available for patients who did not have English as a first language.
- Some information leaflets were available in easy read format and large font.

Patient and carer support to cope emotionally with care and treatment

Information, including leaflets and posters, was available in the patient waiting area which told patients about how to access a range of local and national support groups and organisations. Information about support services 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 100 patients as carers. This was equivalent to 0.8% of the of the practice list and was an area the practice had identified for improvement. Recent training had been provided for staff by a local carers' charity and this had helped to educate staff on who they should be identifying as carers. There was a dedicated carers champion within the practice and work had been undertaken to develop a new carers' noticeboard. Written information was available to direct carers to the various avenues of support available to them. The practice' registration form asked patients with caring responsibilities to record this to ensure the practice could offer carers appropriate support.

Staff told us that if families had suffered bereavement, GPs were informed and alerts sent to relevant community staff. Where appropriate their usual GP would contact them to arrange an appointment or offer support.

New patient registration packs included a form which enabled patients to give consent for their details to be added to the NHS organ donor register and the NHS blood donor register.

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 four mornings per week to facilitate access for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- The practice car park had been extended to provide parking for patients with a disability. In addition the practice had responded to feedback from a patient by tarmacking a rise in pavement height to facilitate wheelchair access.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- The practice had patients in 12 local care homes, each of which had a named GP and regular planned visits. A specific care home patient registration pack had been developed by the practice to ensure the needs of these patients were being met.
- Same day appointments were available for children and those patients with medical problems that require same day consultation. All patients could access telephone support from a clinician on the day they contacted the practice.
- A hearing loop and translation services were available if required.
- The practice had received accreditation from the local council for being a breastfeeding friendly place.
- Primary medical support was provided to a local step down facility where patients often resided after periods of hospitalisation until they were well enough to return home. The practice supported 15 hospital discharge beds in this facility where intensive rehabilitation was offered. Someone from the practice visited the facility nearly every day. Weekly reviews of all new patients were undertaken. The practice told us they were the only practice locally to volunteer to support this facility. In addition the practice had recently agreed to increase

this support to 18 hospital discharge beds and four dementia beds. We were told that initial data suggested that this service was reducing the numbers of patients admitted to long-term care homes.

- Practice nurses undertook home visits to ensure patients who were housebound were reviewed and monitored and received the treatment they required. For example, nursing staff visited patients at home for diabetes monitoring and ear syringing.
- As a result of feedback through the patient participation group (PPG) the practice had improved their lighting in the entrance area to aid patients with visual impairments.
- Arrangements were in place to ensure individual patients and families who were vulnerable were supported; including facilitating the registration of patients who were homeless or refugees.

Access to the service

The practice opened from 8am to 6.30pm on Monday and from 7am to 6.30pm Tuesday to Friday. Morning surgery ran from 8am to 11.25am on Monday and from 7am to 11.25am Tuesday to Friday. Afternoon surgery ran from 3.35pm to 5.35pm Monday to Friday. 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 participated in a pilot appointment scheme with the CCG in 2014 with the aim of looking at redesigning their appointment system. Learning from this pilot was used to develop their new appointment system which had improved access for patients. This system had been in operation for around 18 months and involved assessment calls being made to patients by advanced nurse practitioners and GPs. Calls were placed on one of two lists for a call back; urgent call backs which were called back within an hour and a second list where patients were called back the same day. Patients who required urgent call backs were red flagged on the system and moved to the top of the list for a call back. Patients' issues were either resolved via telephone or an appointment was made for the patient to be seen at an appropriate time in the practice. The new system led to a reduction in patients not attending for appointments and has resulted in the clinical team seeing around 52% of patients for face-to-face appointments following a clinical assessment.

Are services responsive to people's needs?

(for example, to feedback?)

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.

- 79% of patients were satisfied with the practice's opening hours compared to the CCG average of 76% and the national average of 76%.
- 66% 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%.
- 70% of patients described their experience of making an appointment as good compared to the CCG average of 69% 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.

We saw evidence that the practice continued to review access and sought to improve the level of service they offered to patients. For example, the practice had audited how late each individual GP tended to run during surgery. The practice used the findings from the audit to adjust their appointment system to build in catch up slots for some clinicians whilst altering the appointment length for others.

Listening and learning from concerns and complaints

Systems were in place to enable the practice to respond effectively to concerns and complaints raised by patients or on behalf of patients.

- The practice complaints policies 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. Large print posters were displayed in the patient waiting area which outlined the procedure for making a complaint or raising a concern.

We looked at seven complaints received since the start of 2016 and found that these were responded to promptly and with openness and transparency. Lessons were learned from individual complaints and shared with relevant members of staff. Complaints were reviewed with all members of the practice team and reviewed annually to identify themes or trends. People making complaints were provided with explanations and apologies where appropriate and told about actions taken to improve the quality of care. We saw examples of patients receiving letters of apology directly from clinical staff where patients had been unhappy following a consultation.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which outlined their aim to provide high quality, accessible care in a responsive, courteous manner. This was shared with patients on the practice's website and in the waiting area.
- Staff knew, understood and supported the values of the practice.
- The practice had a business plan in place which reflected their mission and values. Meetings were held by the partners and management two to three times per month to review business planning and business matters. Clinical meetings were held twice monthly. The practice's business plan covered areas including succession planning, workload and building improvement plans.

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. Clinical and managerial staff took lead leadership roles in a range of clinical and non-clinical areas.
- Practice specific policies and protocols were implemented and were available to all staff through the practice's computer system. These were regularly reviewed and updated.
- A comprehensive understanding of the performance of the practice was maintained. This included monitoring of access to appointments and patient satisfaction.
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were effective arrangements in place to identify, record and manage risk within the practice and to implement mitigating actions.

Leadership and culture

The partners and management team within the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care. Partners had lead roles internally within the practice and were involved in external engagement within the locality and the clinical commissioning group (CCG). For example, one of the GP partners was the CCG lead for end of life care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners and the practice management team 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). 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 offered affected people support, information and apologies.
- 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.

- A wide range of meetings were held within the practice on a regular basis. These included partners' and business meetings, clinical meetings, referral meetings and whole staff team meetings.
- Regular support and debrief meetings were held with trainee doctors and clinical staff such as advanced nurse practitioners.
- Staff told us there was an open culture within the practice and they had the opportunity to raise any issues at team meetings and felt confident and supported in doing so.
- Staff said they felt respected, valued and supported, particularly by the partners and management team in the practice. Staff described the team as cohesive and

Are services well-led?

Good 

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

working with a shared sense of purpose. There was a relatively low level of staff turnover within the practice with some members of staff having worked there in excess of 20 years.

- The practice partners and leadership team encouraged staff development. For example, a member of staff who joined the practice as an apprentice had recently become a full time member of the staff team. In addition two of the reception staff had been trained to undertake phlebotomy.
- 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. For example, the nursing staff had been involved in a review of data related to the management of hypertension and been invited to give feedback about areas for improvement.

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

The practice placed a strong emphasis on seeking meaningful feedback from staff and patients and had a demonstrable track record of acting upon this feedback. Patients and stakeholders were actively engaged in the delivery of services.

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. As a result of feedback gained via the PPG the practice made improvements to their provision of parking for patients with a disability.
- The PPG had a core membership of 11 patients who attended regular meetings in the practice. The PPG had been successful in recruiting younger members of the patient population into the group and had two teenage members. In addition to the core group the PPG had a virtual membership of around 80 patients.
- Local wellbeing events had been organised by the PPG in conjunction with other practice locally to promote healthy living for the practice patients and the wider community. In addition the PPG had been involved in helping the practice to make changes and improvements to their appointment system.
- Information was displayed in the waiting area to encourage new members to join the PPG. This included

a description of the group, photographs of the members and copies of minutes available for patients to take away. Information was also available on the practice website.

- The PPG and practice met to discuss the results of the national GP patient survey and we saw that action plans were implemented as a result, for example, in relation to increasing the number of patients who were registered for online booking of appointments.
- The practice partners and management encouraged and valued feedback from the wider staff team. Feedback was gathered from staff through staff surveys, a staff suggestion box and generally through meetings, appraisals and discussions. Staff told us their feedback was listened to and acted upon by the management team. For example, a dishwasher had recently been purchased for the staff area of the practice.
- Feedback from patients was sought on their satisfaction with minor surgery which demonstrated high levels of patient satisfaction.
- Staff told us they felt involved and engaged to improve how the practice was run.
- The practice had recently sent a survey to the care homes they covered to get feedback on the level of service they provided. Seven homes responded and all rated the practice as good or very good in all areas. Areas the survey covered included responsiveness to home visits, maintaining the dignity of residents and involving residents in decisions about their care.

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. For example the practice had been involved in a pilot scheme for appointment redesign with the CCG in 2014. Following this the practice implemented a new appointment system which led to improved patient access. The practice shared their learning, findings and audits from their development of their new appointment systems with other practices in the locality.

There was a strong focus on education and development within the practice. The practice was a teaching and training practice for medical students and trainee doctors

Are services well-led?

Good 

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

and mentorship for a local pharmacist to undertake their prescribing course. In addition to this the practice had recently made arrangements to start hosting student nurses within the practice and had supported staff to train as nurse mentors.