

Parbold Surgery

Quality Report

The Surgery

Parbold

Lancashire

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

Ratings

Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Parbold Surgery on 30th March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and a system in place for reporting and recording significant events.
- Risks to patients were assessed although actions to mitigate these risks were not always implemented in a timely manner.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had been trained to provide them with the skills, knowledge and experience to deliver effective care and treatment.

- Patients were extremely positive about the care they received and said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available for patients.
- 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.
- Fifteen minute appointment slots were routinely offered to ensure patients had enough time with the clinician.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.

We saw two areas of outstanding practice:

Summary of findings

- A dietician attended the practice on a monthly basis specifically to run a clinic for diabetic patients.
- The practice had designed a pre-health check preparation sheet for patients attending learning disability health check reviews which contained symbols and pictures to supplement the written information and make it easier to understand. This ensured the patients were able to get the most from their appointment.

The areas where the provider should make improvement are:

- Ensure that changes implemented following the inspection around infection control practices and the management of complaints are fully embedded into practice.
- Ensure only the treatment rooms, with hard flooring are used for minor surgical procedures, rather than the carpeted consultation rooms.
- Ensure action plans resulting from completed risk assessments are implemented fully and in a more timely manner in order to mitigate any identified risk.
- Ensure meeting minutes are comprehensive and contain sufficient detail around who attended in order to ensure a robust audit trail of the dissemination of information is maintained. Meeting agendas should include feedback from significant events and complaints in order to formalise and maximise learning outcomes from these.
- Ensure policy documents used to govern activity are kept up to date and reflect practice processes.

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.

Good



- There was a system in place for reporting and recording significant events
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When things went wrong patients received support, truthful information, and an apology.
- The practice had systems and procedures in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and mostly well managed, although the documentation around risk assessment and management was not always thorough.
- While the practice was visibly clean and tidy, there were some issues with infection prevention and control which the practice did not act swiftly to remedy. For example their practice around completion of IPC audits was not in line with their own IPC policy. Procedures such as joint injections were carried out in carpeted rooms.

Are services effective?

The practice is rated as good for providing effective services.

Good



- 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?

The practice is rated as good for providing caring services.

Good



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

Summary of findings

- 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?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- Fifteen minute appointment slots were routinely offered to ensure patients had enough time with the clinician.
- 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 not consistently identified and documentation to demonstrate how any learning was shared with staff and other stakeholders not always available. Complainants were not consistently signposted to other agencies should they be unhappy with the outcome and wish to pursue their complaint further. However, immediately following the inspection the practice updated their complaints literature to ensure this information was more readily accessible.

Good



Are services well-led?

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

- The practice had a vision to deliver high quality care and promote good outcomes for patients. Staff were able to articulate this vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff were aware of their own roles and those of their colleagues.
- Staff told us there was an open culture in the practice and they felt well supported by the partners and by the practice management.

Good



Summary of findings

- The practice had a number of policies and procedures to govern activity, however not all of these policies were specific to the practice and not all reflected procedures the practice was engaged in.
- 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

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

Good



- The practice offered proactive, personalised care to meet the needs of the older people in its population.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- The GPs carried out ward rounds at four local residential care homes. There was a nominated GP for each home to ensure continuity of care for these patients.
- Regular multidisciplinary team meetings were held with other healthcare professionals to ensure appropriate care was offered for those patients nearing the end of their lives.

People with long term conditions

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

Good



- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- Performance for diabetes related indicators was consistently higher than the national average.
- A dietician attended the practice on a monthly basis specifically to run a clinic for diabetic patients.
- The practice nurse provided a pocket guide card for diabetic patients advising them of healthy food ingredients in order to better support their self-management of the condition.
- Longer appointments and home visits were available when needed.
- All these patients had a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.
- The practice also offered anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Summary of findings

Families, children and young people

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

Good



- Immunisation rates were relatively high for all standard childhood immunisations.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for the cervical screening programme was 81.82%, which was in line with the national average of 81.83%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

Good



- 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

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

Good



- The practice held a register of patients living in vulnerable circumstances including those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice had designed a pre-health check preparation sheet for patients attending learning disability health check reviews which contained symbols and pictures to supplement the written information and make it easier to understand.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Summary of findings

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

People experiencing poor mental health (including people with dementia)

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

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 96% compared to the national average of 88%.
- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the national average of 90%.
- The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 80% compared to the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

Good



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 112 were returned. This represented a response rate of 47% and 1.6% of the practice's patient list.

- 98% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 89% 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%.
- 98% of patients described the overall experience of this GP practice as good compared to the national average of 85%.

- 94% 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 24 comment cards which were all positive about the standard of care received. Many of the cards outlined examples of the caring nature of staff, for example clinicians staying late after surgery times to ensure patients were seen. Many also named staff specifically to praise the care offered.

We spoke with 12 patients during the inspection, one of whom was also a member of the practice's patient participation group (PPG). All 12 patients said they were satisfied with the care they received and thought staff were approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

The areas where the provider should make improvement are:

- Ensure that changes implemented following the inspection around infection control practices and the management of complaints are fully embedded into practice.
- Ensure only the treatment rooms, with hard flooring are used for minor surgical procedures, rather than the carpeted consultation rooms.
- Ensure action plans resulting from completed risk assessments are implemented fully and in a more timely manner in order to mitigate any identified risk.
- Ensure meeting minutes are comprehensive and contain sufficient detail around who attended in order to ensure a robust audit trail of the dissemination of information is maintained. Meeting agendas should include feedback from significant events and complaints in order to formalise and maximise learning outcomes from these.
- Ensure policy documents used to govern activity are kept up to date and reflect practice processes.

Outstanding practice

We saw two areas of outstanding practice:

- A dietician attended the practice on a monthly basis specifically to run a clinic for diabetic patients.
- The practice had designed a pre-health check preparation sheet for patients attending learning

disability health check reviews which contained symbols and pictures to supplement the written information and make it easier to understand. This ensured the patients were able to get the most from their appointment.

Parbold Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC lead inspector. The team also included a GP specialist advisor, a specialist advisor who was a practice manager and an Expert by Experience (someone with experience of using GP services who has been trained in our inspection methodology).

Background to Parbold Surgery

Parbold Surgery occupies a purpose build premises close to the centre of the village of Parbold. Ample car parking facilities are available outside the building. The practice provides services to a patient list of 6923 patients via a general medical services contract with NHS England. It is part of the NHS West Lancashire Clinical Commissioning Group (CCG).

Male and female life expectancy (79 and 82 years respectively) for the practice population are in line with those for the CCG, and also for the expected national average for males, but for females is slightly below the national average of 83 years. The practice's patient population consists of a slightly higher proportion of older people, with 24.6% being over the age of 65 (CCG average 20.4%, national average 17.1%), and 10.3% being over the age of 75 (CCG average 8.9%, national average 7.8%). The practice also caters for a slightly lower proportion of patients with a long-standing health condition at 51.1%, compared to the CCG average of 55.5% and national average of 54%.

Information published by Public Health England rates the level of deprivation within the practice population group as ten on a scale of one to ten. Level one represents the highest levels of deprivation and level ten the lowest.

The practice is staffed by five GP partners (three female and two male). The GPs are supported by two practice nurses (both female) and three health care assistants. The clinical staff are supported by a practice manager, office manager and 12 administration and reception staff. The practice is a training practice for GP trainees.

The practice is open between 8.15am and 6.30pm each day from Monday to Friday. Surgeries for routine bookable appointments are available between 8.30am and 12 midday, and in the afternoon from 2.30pm until 5.00pm. Emergency appointments are offered within these surgery times. Outside normal surgery hours, patients are advised to contact the out of hours service, offered locally by the provider OWLS CIC Ltd.

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 30 March 2016. During our visit we:

- Spoke with a range of staff including the GPs, practice manager, administration manager, a practice nurse, two health care assistants, administration and reception staff and spoke with patients who used the service.
- Observed how patients were being spoken to.
- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

- Is it safe?
- Is it effective?

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

There was a 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 process whereby adverse events were reported to the GP who took the lead on these via the practice's electronic system.
- We saw evidence that when things went wrong with care and treatment, patients were informed of the incident, received support, truthful information, an 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, following an incorrect vaccine being given by mistake, the practice procedure was updated to prevent reoccurrence. The clinician now goes through the vaccine schedule with the patients parent before administering the vaccine to ensure agreement that it is correct. Clinicians we spoke with on the day of inspection whose responsibilities included administering vaccines were aware of this change to the procedure and how it had come about.

It was noted that some documentation around significant event analysis that had been completed was inconsistent. Some write ups indicated a review date to revisit the changes that had been made in order to ensure they had been effective, while others did not. It was not always clear whether a review had been carried out to ensure the effectiveness of any learning was being monitored.

Overview of safety systems and processes

The practice had some 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. While the policy

documents themselves did not contain relevant contact information for other agencies for the onward referral of safeguarding concerns, we saw posters in the consultation rooms that clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. Immediately following the inspection the practice demonstrated that the safeguarding policies had also been updated to include this contact information. 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. All staff we spoke to during the inspection demonstrated they understood their responsibilities with regards to raising safeguarding concerns appropriately. However, at the time of inspection some non clinical staff had not received appropriate safeguarding training for their role. Within two days of the inspection being carried out the practice provided suitable evidence to demonstrate that this training had been completed for all staff. GPs were trained to child protection or child safeguarding level Three.

- A notice in the waiting room advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy, however there were some areas of concern around infection control in the practice. A comprehensive risk assessment had been carried out by an external company in September 2014; one of the outcomes of this was that the practice should urgently consider an external audit of its infection prevention and control (IPC) processes. This recommendation had not been followed up at the time of inspection.
- One of the practice nurses was the infection control clinical lead. There was an infection control protocol in place as well as supplementing policies around needlestick injuries and spillages. It was noted that a number of non clinical staff had not received up to date training, however the practice acted swiftly following the inspection and provided appropriate evidence that this

Are services safe?

training had since been completed, as well as evidence that additional training had been booked for the IPC lead. We saw that an internal infection control audit checklist had been completed in May 2015, but there was no action plan to address any issues identified. The checklist document indicated that it was due to be repeated in May 2017. However, the practice's infection control policy specified that such a checklist would be completed on a monthly basis. The modesty curtains in treatment and consultation rooms were fabric, but were appropriately dated as to when they were last washed and an appropriate cleaning schedule was in place to ensure they remained clean.

- The rooms currently used for procedures such as joint injections were carpeted rather than being hard floored and we noted that sharps bins were undated and full sharps bins stored on the floor behind the door of one of the treatment rooms. The practice immediately acted to identify a different, more appropriate location for the storage of these bins.
- The arrangements for managing medicines, including emergency medicines and vaccines, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing, security and disposal). Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice carried out regular medicines audits, with the support of the local CCG pharmacy teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation.
- We reviewed five personnel files and found 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.

Monitoring risks to patients

Risks to patients were assessed although there were some gaps in the documentation to demonstrate how these risks were managed.

- There were procedures in place for monitoring risks to patient and staff safety. The practice manager had attended a health and safety training course in June 2015. An external company had been brought in to complete a thorough risk assessment of practice processes and systems, and in addition the practice had completed their own risk assessment around the premises. While no high risk factors were identified, there was no action plan documented to mitigate against factors identified as being a medium risk. While recommended actions from the external risk assessment had not been completed at the time of inspection, the practice since provided an updated document detailing mitigating actions that had been put in place. 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 other risk assessments in place to monitor safety of the premises such as legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings). While appropriate legionella assessments were sourced by the practice, and staff were able to describe the completed water temperature tests as per the recommendations of these, these regular checks were not documented.
- 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 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.

Are services safe?

- 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. We saw documentation to confirm that emergency medicines and emergency equipment were checked regularly, but documentation indicated that these checks had only recently begun to be recorded.
- The practice had an appropriate business continuity plan in place for major incidents such as power failure or building damage. The plan included contact numbers for key contractors and suppliers as well as confirming alternative premises which could be used should the practice building become inaccessible.

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, audits and case discussions.

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 99.8% of the total number of points available, with a 7.7% exception rate for the clinical domains (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

This practice was not an outlier for any QOF clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was consistently higher than the national average. For example:
 - The percentage of patients with diabetes on the register in whom the last IFCC-HbA1c was 64mmol/mol or less in the preceding 12 months was 87% compared to the national average of 78%.
 - The percentage of patients with diabetes on the register in whom the last blood pressure reading (measured in the last year) was 140/80 mmHg or less was 82%, compared to the national average of 78%.

- The percentage of patients with diabetes on the register whose last measured total cholesterol (measured in the preceding 12 months) was five mmol/l or less was 90% compared to the national average of 81%.
- The percentage of patients with diabetes on the register who had had influenza immunisation in the preceding 1 August to 31 March was 99% compared to the national average of 94%.
- The percentage of patients on the diabetes register with a record of a foot examination and risk classification within the last 12 months was 96% compared to the national average of 88%.
- Performance for mental health related indicators was similar to the national average. For example:
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who had a comprehensive, agreed care plan documented in the record in the preceding 12 months is 96% compared to the national average of 88%.
 - The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses whose alcohol consumption had been recorded in the preceding 12 months was 92% compared to the national average of 90%.
 - The percentage of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months was 80% compared to the national average of 84%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 86% compared to the national average of 84%.

Electronic Prescribing Analysis and Costs (ePACT) had identified the practice as an outlier for its percentage of antibiotic items prescribed that were Cephalosporins or Quinolones between 1/7/2014 and 30/6/2015 (12%, compared to the national average of 5%). The GPs were able to discuss how they had liaised with the local medicines management team to examine why this was the case and establish whether the practice needed to modify

Are services effective?

(for example, treatment is effective)

any of its prescribing protocols. They were able to describe how they were working closely with local nursing homes in order to reduce this prescribing trend and better manage patients' conditions in line with recommended guidance.

There was evidence of quality improvement including clinical audit.

- There had been five clinical audits completed in the last two years, and two of these were fully completed audit cycles where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research.
- Findings were used by the practice to improve services. For example, recent action taken as a result of an audit that looked at care of patients with gestational diabetes included modifying the recall system to ensure that patients attended to have appropriate tests carried out in order to better manage their condition and prevent further diabetic conditions developing. This change resulted in the proportion of patients with gestational diabetes who attended as appropriate for required tests increasing from 11% to 86%.

Information about patients' outcomes was used to make improvements. For example the GPs were able to demonstrate an awareness of their patient outcomes and how they compared with other practices in the area. They told us that by maintaining this awareness they were able to better focus their efforts to ensure patients received the best care.

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 fire safety, health and safety and confidentiality and information governance.
- 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; the practice nurse was able to evidence how update training was attended regularly.
- 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 either received an appraisal within the last 12 months or had one planned for shortly after the inspection.
- Staff received training that included: safeguarding, fire safety awareness, and basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training. At the time of inspection the practice had recently switched to a new online e-learning provider, which meant that some training records were not fully up to date, as records from the previous training provider had not been maintained.

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.

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 three monthly basis when care plans were routinely reviewed and updated for patients with complex needs.

Consent to care and treatment

Are services effective?

(for example, treatment is effective)

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

- Staff understood the relevant consent and decision-making requirements of legislation and guidance, including the Mental Capacity Act 2005.
- When providing care and treatment for children and young people, staff carried out assessments of capacity to consent in line with relevant guidance.
- Where a patient's mental capacity to consent to care or treatment was unclear the GP or practice nurse assessed the patient's capacity and, recorded the outcome of the assessment.

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.
- A dietician was available on the premises once per month. An additional clinic was also run monthly by the dietician specifically for those patients with diabetes.

The practice's uptake for the cervical screening programme was 81.82%, which was in line with the national average of 82%. The practice ensured a female staff member was available for 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening. For example 57.9% of patients aged 60-69 had attended for bowel cancer screening within six months of being invited, compared to the CCG average of 53.8% and national average of 55.4%. The percentage of female patients aged 50-70 who had been screened for breast cancer within the last 36 months was 67.6%, compared to the CCG average of 69.6% and national average of 72.2%.

Childhood immunisation rates for the vaccinations given were comparable to CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 100% to 77.4% and five year olds from 96.4% to 89.2%.

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. It was noted that the new patient screening questionnaire did not prompt patients to inform the practice of any known allergies. The practice updated this questionnaire immediately following the inspection to include this question.

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

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

All of the 24 patient Care Quality Commission comment cards we received were positive about the service experienced. Patients said they felt the practice offered an excellent service and staff were helpful, caring and treated them with dignity and respect.

We spoke with 12 patients, one of whom was also a member of the patient participation group (PPG). They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected. Comment cards highlighted that staff responded compassionately when they needed help and provided support when required, with examples provided where staff had gone out of their way to support patients, for example staying late after the end of a surgery to ensure patients were seen.

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

- 95% 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%.
- 91% of patients said the GP gave them enough time compared to the CCG average of 88% and the national average of 87%.

- 99% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 95%.
- 95% 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%.
- 86% 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%.
- 98% of patients said they found the receptionists at the practice helpful compared to the CCG average of 86% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

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

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 generally above local and national averages. For example:

- 97% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 93% 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%.
- 75% 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%.

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 that information as displayed on the practice website informing patients this service was available.

Are services caring?

- 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 168 patients as carers (2.4% of the practice list). The practice used this list

to offer health checks to those patients identified as having caring responsibilities. Written information was available to direct carers to the various avenues of support available to them. A section of the practice's waiting area was dedicated to leaflets and other literature offering support to carers.

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 or by giving them advice on how to find a support service. Literature around bereavement support was displayed in the waiting area.

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.

- Appointment slots were 15 minutes long to ensure patients received sufficient time with the clinician.
- There were longer appointments available for patients with a learning disability.
- The practice had designed a pre-health check preparation sheet for patients attending learning disability health check reviews which contained symbols and pictures to supplement the written information and make it easier to understand.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice.
- Same day appointments were available for children and those patients with medical problems that require same day consultation.
- Patients were able to receive travel vaccinations available on the NHS as well as those only available privately.
- There were disabled facilities, a hearing loop and translation services available. One of the practice nurses had completed a sign language course as she was aware of the number of patients she saw with hearing difficulties. She reported that the practice had been very supportive and had encouraged her to attend this training.
- The practice facilities were all located on one floor, which meant that they were easily to access for those with mobility difficulties.
- The practice offered online services such as booking appointments and ordering repeat prescriptions.
- The practice also offered anticoagulant clinics where patients' bloods were tested and their anti-coagulant medicine reviewed and dose changed as required. This meant they did not need to attend a separate specialist anticoagulant clinic.

Access to the service

The practice was open between 8.15am and 6.30pm Monday to Friday. Appointments were from 8.30 to 12.00

every morning and 2.30 to 5.00pm each afternoon. In addition to pre-bookable appointments that could be booked up to six weeks in advance, urgent appointments were also available for people that needed them. At lunch time on the day of inspection, routine pre-bookable appointments remained available at 4.00pm that day.

Results from the national GP patient survey showed that patient's satisfaction with how they could access care and treatment was higher than national averages.

- 83% of patients were satisfied with the practice's opening hours compared to the national average of 78%.
- 98% of patients said they could get through easily to the practice by phone compared to the national average of 73%.
- 46% of patients said they always or almost always see or speak to the GP they prefer, compared to the national average of 36%.

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

Listening and learning from concerns and complaints

The practice had a system in place for handling complaints and concerns, but documentation viewed on the day of inspection indicated that these were not always fully resolved.

- The practice manager was the designated responsible person who was identified by the practice policy as handling all complaints in the practice. However, it was noted that on occasion GPs would respond themselves when a complaint concerned them.
- While verbal conversations were documented as part of the complaints summaries kept by the practice, these were not always detailed. Not all complainants received a written response. Written responses did not signpost complainants to other agencies should they be dissatisfied with the outcome and wish to pursue the complaint further.
- We saw that information was available to help patients understand the complaints system. Information was available on the practice website and the practice receptionists knew to provide patients with appropriate complaints literature on request.

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

We looked at five complaints received in the last 12 months and found that they were handled in a timely manner with an apology offered where appropriate. Staff told us that lessons learned from complaints were fed back during team meetings and changes were implemented as a result. However, they were unable to give specific examples of lessons learned and meeting minutes viewed during the inspection did not detail such feedback.

Immediately following the inspection the practice updated the complaints literature to include appropriate detail to signpost complainants to the Parliamentary Health Service Ombudsman (PHSO) and NHS England should they wish to take their complaint further.

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 vision to deliver person centred care and promote good outcomes for patients.

- Staff were able to articulate this vision and demonstrated they knew and understood the values.
- The practice had a strategy which reflected the vision and values and were regularly monitored.

Governance arrangements

The practice had an overarching governance framework in an effort to support 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.
- A number of policies were available and staff new of their location on the practice's shared computer drive. However, some of these policy documents had not been updated appropriately and did not reflect practice, for example the infection control policy which stated IPC audits should be carried out every month. Only one audit document was available to view at the time of inspection dated May 2015. This document implied the next audit was not planned to be completed until May 2017.
- An 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 arrangements for identifying, recording and managing risks. However, once risks were identified, mitigating actions were not always put in place in a timely manner.

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 good 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). The partners encouraged a culture of openness and honesty. The practice had some systems in place to ensure that when things went wrong with care and treatment:

- The practice gave affected people reasonable support, truthful information and a verbal apology. In most cases a written apology was also provided where appropriate.
- The practice kept written records of verbal interactions as well as written correspondence, although some of these lacked sufficient detail.

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

- Staff told us the practice held regular team meetings. We saw minutes of these meetings to confirm this. However, the minutes lacked detail and did not specify who was in attendance which meant the practice's audit trail of what information had been given to whom was compromised.
- 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. We noted there was a strong team ethos amongst the staff, with colleagues being extremely supportive of each other.
- Staff said they felt respected, valued and supported, particularly by the partners and management in the practice. All staff told us they 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

Are services well-led?

Good 

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. We spoke to one member of the PPG who confirmed that they were contacted by the practice approximately once per month via email. The practice used this contact to put forward proposed changes to services and to gauge patient feedback in response to this. We were told of changes to the appointment system and self check in service that were introduced following feedback from the PPG members.
- The practice had gathered feedback from staff 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. Staff told us they felt involved and engaged to improve how the practice was run. We were given examples of changes to practice systems that had been introduced as a result of staff feedback, for example placing additional staff members on reception during busy periods.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice had previously been part of local pilot schemes to improve outcomes for patients in the area, for example in becoming a paperless practice and with the electronic prescription service. There was evidence that the GPs were reflective in their approach, particularly around their management and support for trainee GPs working at the practice.