

New Dover Road Surgery

Quality Report

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

Ratings

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

Summary of findings

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Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at New Dover Road Surgery on 11 January 2017. 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 an effective system for reporting and recording significant events.
- Risks to patients were assessed and well managed. The practice had identified some areas of infection prevention and control that required improvement and at the time of inspection had begun to implement a range of improvements. However, the action plan for these improvements did not contain timescales.
- 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.
- The practice was committed to working collaboratively and participated in the Community Hub operating Centres (CHOC) aimed at improving communication between health and social care services.
- Patients said they were treated with compassion, dignity and respect and they were involved in their care and decisions about their treatment.
- Information about services and how to complain was available and easy to understand. Improvements were made to the quality of care as a result of complaints and concerns.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice was a member of the Encompass Vanguard (an integrated multi specialty community provider consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local

Summary of findings

social services, the local hospice and numerous voluntary groups), which aimed at providing services in the community and reducing the need for patients to travel to secondary care.

- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group (PPG).
- There was a clear leadership structure and staff felt supported by management. The practice sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the duty of candour.

We saw one area of outstanding practice:

- In response to staff suggestions the practice implemented a direct telephone line and issued business cards with contact details for the care

co-ordinator to help ensure vulnerable patients, carers and other health and social care providers could obtain support and information to meet their needs in a timely manner.

The areas where the provider should make improvement are:

- Review infection prevention and control action plans to include timescales for the completion of any actions and improvements. Ensure lead members of staff have received suitable training to support this role.
- Review the process for managing childhood immunisations to help ensure immunisation data is accurate.
- Continue to develop the carers register and review how the needs and requirements of this group of patients are being met.

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 an effective system 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 reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to help prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices to help keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed. The practice had identified some areas of infection prevention and control that required improvements and at the time of inspection had begun to implement a range of improvements. However, the action plan for these improvements did not contain timescales.

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 comparable with the national and local averages.
- Staff assessed needs and delivered care in line with current evidence based guidance.
- Clinical audits demonstrated quality improvement. Records showed that results from audits and service reviews were shared at the regular Practice Development Meetings
- 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.
- The practice was committed to working collaboratively. Patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to help deliver joined-up care to vulnerable patients. For example, the practice participated in the Community Hub operating Centres (CHOC) aimed at improving communication between health and social care services.

Summary of findings

Are services caring?

The practice is rated as good for providing caring services.

- Data from the national GP patient survey showed patients consistently rated the practice higher than others for their care.
- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.
- Information for patients about the services available was easy to understand and accessible.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

Good



Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

- Practice staff reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group to secure improvements to services where these were identified. The practice was a member of the Encompass Vanguard (an integrated multi specialty community provider consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups), which aimed at providing services in the community and reducing the need for patients to travel to secondary care.
- Patients said they found it easy to make an appointment with a named GP and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and easy to understand and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.
- The practice had a care coordinator to support elderly patients and to help ensure that their emotional and social needs were given as much importance as their physical needs.

Good



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 it.

Good



Summary of findings

- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems for notifiable safety incidents and ensured this information was shared with staff to help ensure appropriate action was taken.
- The practice 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. The practice was a training practice for GPs and also provided training opportunities for physician's associates.

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. Through collaboration with local GPs patients had access to a paramedic practitioner.
- The practice had a care coordinator to support elderly patients who, alongside one of the GPs, attended weekly multidisciplinary meetings.

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.
- Data from the Quality and Outcomes Framework (QOF) showed diabetes indicators were comparable to local and national averages.
- Longer appointments and home visits were available when needed.
- All these patients had a named GP and a structured annual review to check their health and medicines needs were being met. For those patients with the most complex needs, the named GP worked with relevant health and care professionals to deliver a multidisciplinary package of care.

Families, children and young people

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

Good



- There were systems to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young people who had a high number of A&E attendances.
- There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in two areas and below the target in the remaining two areas.

Summary of findings

- 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 86%, which was comparable to the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- We saw positive examples of joint working with midwives, health visitors and school nurses.

Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to help 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.

Good



People whose circumstances may make them vulnerable

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

- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs. For example, the practice reviewed two homeless patients with the CHOC group to help ensure that their emotional, social and wellbeing needs were given equal consideration alongside their physical needs.
- The practice held a register of patients living in vulnerable circumstances including homeless patients and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with other health care professionals in the case management of vulnerable patients.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.

Good



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).

- 77% of patients diagnosed with dementia had received a face to face care review meeting in the last 12 months, which was comparable to the local average of 81% and the national average of 84%.
- Performance for mental health related indicators were comparable with local and national averages.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.
- The practice had a system to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia.

Good



Summary of findings

What people who use the service say

The national GP patient survey results were published in July 2016. The results showed the practice was performing in line with local and national averages. Two hundred and thirty four survey forms were distributed and 110 were returned. This represented 1% of the practice's patient list.

- 82% of respondents found it easy to get through to this practice by phone compared to the clinical commissioning group (CCG) average of 81% and the national average of 73%.
- 73% of respondents were able to get an appointment to see or speak to someone the last time they tried compared to the CCG average of 81% and the national average of 76%.
- 95% of respondents described the overall experience of this GP practice as good compared to the CCG average of 89% and the national average of 85%.
- 88% of respondents said they would recommend this GP practice to someone who has just moved to the local area compared to the CCG average of 86% and the national average of 80%.

As part of our inspection we asked for CQC comment cards to be completed by patients prior to our inspection. We received 37 comment cards, all contained positive comments about the service provided at the practice, there were no negative comments. Patients commented positively about the supportive, efficient and caring attitude provided by all members of staff. 'Knowledgeable and helpful staff' was a common theme.

We spoke with seven patients, including one member of the patient participation group (PPG). The PPG told us they acted as a 'critical friend' to the practice, working in partnership to improve services for patients. Patient and PPG views aligned with the comment cards and they talked positively about the personalised and responsive care provided by the practice. Patients we spoke with told us their dignity, privacy and preferences were always considered and respected.

Areas for improvement

Action the service **SHOULD** take to improve

- Review infection prevention and control action plans to include timescales for the completion of any actions and improvements. Ensure lead members of staff have received suitable training to support this role.
- Review the process for managing childhood immunisations to help ensure immunisation data is accurate.
- Continue to develop the carers register and review how the needs and requirements of this group of patients are being met.

Outstanding practice

- In response to staff suggestions the practice implemented a direct telephone line and issued business cards with contact details for the care co-ordinator to help ensure vulnerable patients, carers and other health and social care providers could obtain support and information to meet their needs in a timely manner.

New Dover Road Surgery

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to New Dover Road Surgery

New Dover Road Surgery delivers services from a converted Edwardian house in Canterbury, Kent. Not all patient areas are accessible to patients with mobility issues. Staff told us patients with mobility issues are seen in the ground floor treatment and consulting rooms. There are approximately 10,000 patients on the practice list. The practice has slightly more patients aged over 85 years. There are also slightly more patients with a long term condition than national and local averages (practice average 56%, clinical commissioning group (CCG) average 55% and national average 54%). There is a higher than average amount of patients aged between 20 and 24 years old as the practice is situated close to a university.

The practice holds a General Medical Service contract and consists of six GPs partners (four female and two male). Dover Road Surgery is training practice so, alongside their clinical roles, the GPs provide training and mentorship for trainee GPs (called registrars). The practice also provides training opportunities for physician's associates. There are two practice nurses (female), one healthcare assistant (female) and two phlebotomists (phlebotomists take blood samples).

The GPs, nurses, healthcare assistants and phlebotomists are supported by a practice manager and a team of administration and reception staff. A wide range of services and clinics are offered by the practice including: asthma, diabetes, minor surgery and antenatal clinics.

The practice is open from 8am to 6.30pm Monday to Friday. There are extended hours from 6pm to 8.15pm Tuesdays and Thursdays. Morning appointments are from 8.30am to 11.30am and afternoon appointments are from 2.30pm to 6.30pm.

When the practice is closed, an out of hour's service is provided by Primecare. There is information available to patients on how to access this at the practice, in the practice information leaflet and on the website.

Services are delivered from:

10 New Dover Road, Canterbury, Kent, CT1 3AP.

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 11 January 2017. During our visit we:

- Spoke with a range of clinical staff including six GPs, one practice nurse, one healthcare assistant, a prescription clerk and a physician's associate. We also talked with the practice manager, receptionists, administrators and patients who used the service.
- Observed how reception staff talked with patients, carers and 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

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

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

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, after an incident involving an abnormal urine sample the practice adopted new protocols and provided support for staff where appropriate. The practice had a system to evaluate change and we saw this had been implemented during the analysis of this significant event.

Overview of safety systems and processes

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

- Arrangements were to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. A GP partner was the safeguarding lead. The GPs attended safeguarding

meetings when possible and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3.

- Notices in the waiting and treatment rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service (DBS) check. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead and was on a waiting list to receive further training to support this role. There was an infection control protocol and staff had received up to date training. Annual infection control audits were undertaken and there was an action plan to address issues found in the audit. For example, a programme to replace soft furnishings such as curtains chairs and carpets in patient areas. However, the action plan did not contain times scales to indicate when actions needed to be completed by.
- 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). There were processes 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 help ensure prescribing was in line with best practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems to monitor their use. 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 six personnel files and found appropriate recruitment checks had been undertaken prior to

Are services safe?

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

Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster 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 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).
- There were arrangements for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system for all the different staffing groups to help ensure enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

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

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

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

- The practice had systems 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.

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 97% of the total number of points available with 10% exception reporting (Exception reporting is the removal of patients from QOF calculations where, for example, the patients are unable to attend a review meeting or certain medicines cannot be prescribed because of side effects).

Data from 2015/16 showed:

- Performance for diabetes related indicators was comparable to the national average. For example, 81% of patients on the diabetes register had a record of a foot examination and risk classification within the preceding 12 months which was similar to the clinical commissioning group (CCG) average of 88% national average of 89% (exception reporting 9%).
- Performance for mental health related indicators was comparable to the national average. For example, 81% of patients with schizophrenia, bipolar affective disorder and other psychoses had comprehensive, agreed care plan documented in the record, in the preceding 12 months compared to the CCG average of 90% and the national average of 89% (exception reporting 13%).

There was evidence of quality improvement including clinical audit.

- There had been a range of clinical audits and service evaluations completed in the last two years. Some of these were completed two cycle audits where the

improvements made were implemented and monitored; others remained on going as part of the practice's rolling program of audit. Records showed that results from audits were shared at the regular practice development meetings to help ensure all GPs were aware of and able to implement changes where necessary.

- The practice participated in local audits, national benchmarking, and peer review.
- Findings were used by the practice to improve services. For example, the practice was concerned about their prescribing rate for some antibiotics and had undertaken a two cycle audit to review antibiotic prescribing. The second cycle showed a significant improvement with a 37% decrease in overall prescribing and a decrease from 41% to 15% for inappropriate prescribing.

Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, those reviewing patients with long-term conditions had received training in areas such as diabetes, asthma and chronic obstructive pulmonary disease (COPD - the name for a collection of lung diseases).
- 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

Are services effective?

(for example, treatment is effective)

scope of their work. This included ongoing support, one-to-one meetings, mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.

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

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 weekly basis when care plans were routinely reviewed and updated for patients with complex needs. The practice was committed to working collaboratively. For example, patients who had complex needs were supported to receive coordinated care and there were innovative and efficient ways to deliver more joined-up care to vulnerable patients. The practice had developed a care co-ordinator role, supported by the GP partners, to work in conjunction with Community Hub operating Centres (CHOC). This scheme was aimed at improving communication between health and social care services. Attendees at CHOC meetings included the community nursing team, social services, GPs, care co-ordinators and mental health nurses.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

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

- Patients receiving end of life care, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation. Patients were signposted to the relevant service.

The practice's uptake for the cervical screening programme was 86%, which was comparable with the CCG average of 82% and the national average of 81%. There was a policy to contact patients who failed to attend their cervical screening test to remind them of the test. A female sample taker was available. There were systems to help 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.

There were four areas where childhood immunisations were measured; each had a target of 90%. The practice was above the target in two areas and below the target in the remaining two areas. These measures can be aggregated and scored out of 10. The practice scored 8.3 out of 10 and the national average was 9.1. We discussed these findings with the practice who felt the below standard figures did not match their immunisation records and were in the process of investigating this including a review of immunisation coding.

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

Are services caring?

Our findings

Kindness, dignity, respect and compassion

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

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations.
- Conversations between receptionists and patients could be overheard in the reception area and there was signage requesting waiting patients stand back from the reception desk and respect confidentiality. The receptionists were aware of patient confidentiality and we saw that they took account of this in their dealings with patients. Incoming telephone calls were managed away from the reception desk. There was a private area if patients wished to discuss sensitive issues or appeared distressed.

All of the 37 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 seven patients, including one 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 patients needed help and provided support when required.

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

- 97% of respondents said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and the national average of 89%.
- 93% of respondents said the GP gave them enough time compared to the CCG average of 90% and the national average of 87%.

- 96% of respondents said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and the national average of 92%.
- 96% of respondents said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and the national average of 85%.
- 96% of respondents said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and the national average of 91%.
- 83% of respondents said they found the receptionists at the practice helpful compared to the CCG average of 90% 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 better than local and national averages. For example:

- 96% of respondents said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and the national average of 86%.
- 95% of respondents said the last GP they saw was good at involving them in decisions about their care which was better than the CCG average of 86% and the national average of 82%.
- 90% of respondents said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and 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.

Are services caring?

- Information leaflets were available in easy read format and posters were printed on yellow paper to assist visually impaired patients.

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 53 patients as carers (0.5% of the practice list). Written information was

available to direct carers to the various avenues of support available to them. There was a lead member of staff to support carers and a carers pack. Carers were encouraged to attend the practice for annual reviews to help ensure they received any support they needed. We spoke to two patients who were also carers during the course of the inspection and they told us they felt well supported by the practice.

Staff told us that if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. This call was either followed by a consultation at a flexible time and location to meet the family's needs and/or by giving them advice on how to find a support service.

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 was a member of the Encompass Vanguard (an integrated multi specialty community provider consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups), which aimed at providing services in the community and reducing the need for patients to travel to secondary care. For example, as part of the Encompass Vanguard the practice was working on a project to improve catheter care in the community.
- The practice offered extended hours from 6pm to 8.15pm Tuesdays and Thursdays for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability.
- Home visits were available for older patients and patients who had clinical needs which resulted in difficulty attending the practice. The practice had a care coordinator to support elderly patients and help ensure that their emotional and social needs were given as much importance as their physical needs.
- Through collaboration with other local GPs patients had access to a paramedic practitioner.
- 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.
- Information posters at the practice were printed on yellow paper to make them easier to read for visually impaired patients.
- There was a proactive approach to understanding the needs of different groups of patients and to deliver care in a way that met these needs and promoted equality. This included patients who were in vulnerable circumstances or who had complex needs. For example,

the practice reviewed two homeless patients at the Community Hub operating Centres (CHOC) group to help ensure that their emotional, social and physical needs were met.

- Patients were empowered to have a voice within the practice through the collaborative partnership between the patient participation group (PPG) and the practice. The practice and PPG had a focus on working together to improve outcomes for patients.

Access to the service

The practice was open from 8am to 6.30pm Monday to Friday. There were extended hours from 6pm to 8.15pm Tuesdays and Thursdays. Morning appointments were from 8.30am to 11.30am and afternoon appointments were from 2.30pm to 6.30pm. Appointments could be booked up to four weeks in advance and urgent appointments were available for patients that needed them.

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

- 82% of respondents were satisfied with the practice's opening hours compared to the clinical commissioning group (CCG) of 80% and the national average of 76%.
- 82% of respondents said they could get through easily to the practice by phone compared to CCG average of 81% and the national average of 73%.

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

The practice had a system to assess:

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

In cases where the urgency of need was so great that it would be inappropriate for the patient to wait for a GP home visit, alternative emergency care arrangements were made. Reception staff had access to a folder containing a comprehensive set of protocols to support them in dealing with telephone calls for emergency care or difficult situations. Clinical and non-clinical staff were aware of their responsibilities when managing requests for home visits.

Listening and learning from concerns and complaints

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

Are services responsive to people's needs?

(for example, to feedback?)

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- The practice manager was responsible for handling all complaints in the practice.
- We saw that information was available to help patients understand the complaints system in the form of material in the practice's leaflet, posters and on their website

The practice had recorded 15 complaints in the last 12 months. We reviewed these and found they were handled

with openness and transparency. Records demonstrated that lessons were learnt from concerns and complaints and action was taken as a result to help improve the quality of care. For example, in response to a patient complaint the practice provided training events designed to support staff with customer service skills. There had been an 'outstanding customer service' workshop designed to equip non-clinical staff with the skills to communicate with patients. Nine non-clinical staff attended this training.

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 statement of purpose and values were about being caring, responsible, trustworthy and acting with integrity throughout the practice. Staff we spoke talked positively about how they were able to use the practice values to improve quality and outcomes for patients.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored. The practice told us they recognised the limitations of delivering services from their current premises especially as large new residential developments may increase their list size significantly over the next few years. To date they told us they had been unsuccessful in sourcing a new location despite a considerable effort to do so.

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 to help ensure that:

- There was a clear staffing structure; GPs had lead roles in areas such as safeguarding, mental health, information governance and long-term conditions so staff knew who to approach for support. Staff were aware of their own roles and responsibilities but were also willing and trained to support other staff members when necessary.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained
- A programme of continuous clinical and internal audit was used to monitor quality and to make improvements.
- There were robust arrangements for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and

capability to run the practice and ensure high quality care. They told us they prioritised safe, high quality and compassionate care. Staff told us the partners were approachable and always took the time to listen to all members of staff.

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

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

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

- There was a comprehensive programme of meetings both within the practice for the different staff groups, such as nursing and reception, and outside the practice with other stakeholders. For example, the Encompass Vanguard (an integrated multi specialty community provider consisting of 16 other GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups), and Community Hub operating Centres (CHOC).
- 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 in the practice. 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. For example, in response to staff suggestions the practice implemented a direct telephone line and issued business cards with

Are services well-led?

Good 

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

contact details for the care co-ordinator to help ensure vulnerable patients, carers and other health and social care providers could obtain support and information to meet their needs in a timely manner.

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

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

- The practice and patient participation group (PPG) had gathered feedback from patients through patient surveys conducted at the practice, complaints and by carrying out analysis of the results from the GP patient survey and Friends and Family Test. The PPG met regularly and patients were empowered to have a voice within the practice through the collaborative partnership between the PPG and the practice. For example, the PPG had conducted several 'patient walkabouts' and subsequently submitted proposals for improvements to the practice management team; including that posters were printed on yellow paper to help make information accessible to visually impaired patients. The PPG and practice had looked at the demographics of their patient population and tried to reflect this within their membership to help ensure all populations groups were represented.
- 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.

Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice,

Including providing training opportunities for allied health care professionals. For example, the practice was providing training opportunities for physician's associates. The practice was a training practice and all the staff were to some degree involved in the training of future GPs.

The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice was a member of Encompass (a multi-centred community venture consisting of 16 GP practices, the CCG, three other NHS trusts, the local council and local social services, the local hospice and numerous voluntary groups). The practice regularly attended meetings with Encompass and the Community Hub Operating Centres to share learning and resources, trial new services and improve patient outcomes both within the practice and the wider community.