

# The Village Practice

## Quality Report

Church Road, Thornton Cleveleys,  
Lancashire. FY5 2TZ

Tel: 01253 955561

Website: [www.villagepracticethornton.nhs.uk](http://www.villagepracticethornton.nhs.uk)

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

## Ratings

### Overall rating for this service

Good



Are services safe?

Good



Are services effective?

Good



Are services caring?

Good



Are services responsive to people's needs?

Good



Are services well-led?

Good



# Summary of findings

## Contents

### Summary of this inspection

|   | Page |
|---|------|
| Overall summary                             | 2    |
| The five questions we ask and what we found | 4    |
| The six population groups and what we found | 7    |
| What people who use the service say         | 12   |
| Areas for improvement                       | 12   |
| Outstanding practice                        | 12   |

### Detailed findings from this inspection

|                                    |    |
|------------------------------------|----|
| Our inspection team                | 13 |
| Background to The Village Practice | 13 |
| Why we carried out this inspection | 13 |
| How we carried out this inspection | 13 |
| Detailed findings                  | 15 |

## Overall summary

### Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at The Village Practice on 10 June 2016. Overall the practice is rated as good.

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

- The practice used innovative and proactive methods to improve patient outcomes and worked with other local providers to share best practice. The practice was committed to working collaboratively and worked closely with other organisations in planning how services were provided to ensure that they meet patients' needs.
- The practice implemented suggestions for improvements and made changes to the way it delivered services because of feedback from patients and from the patient participation group (PPG).
- Feedback from patients about their care was consistently positive.
- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events. The provider was aware of and complied with the requirements of the duty of candour.
- 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 said they could make an appointment when they needed one and there was continuity of care, with urgent appointments available the same day.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The practice had a clear vision which had quality and safety as its top priority and was regularly reviewed and discussed with staff.

# Summary of findings

- Staff were well supported and encouraged to access training to aid their career development. Staff morale was high and staff turnover was low.

We saw an area of outstanding practice including:

- A GP at the practice had developed an at glance guide to dealing with safeguarding concerns which meant staff could quickly and easily refer to guidance when they had a concern. This had been shared with and adopted by the CCG to disseminate to local practices.

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

- Systems to ensure all policies are regularly reviewed and updated should be strengthened.
- Ensure practice literature on complaints clearly states which organisation patients can contact for support or who they can contact if they are not satisfied with the outcome of their complaint.
- Risk assess the level of Disclosure and Barring (DBS) checks for non clinical staff providing a chaperone service and reflect this in the practice policy.

**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 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 reasonable support, truthful information, and a written apology. They were told about any actions to improve processes to prevent the same thing happening again.
- The practice had clearly defined and embedded systems, processes and practices in place to keep patients safe and safeguarded from abuse.
- Risks to patients were assessed and well managed.

### Are services effective?

The practice is rated as good for providing effective services.

Good



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines.
- We also saw evidence to confirm that the practice used these guidelines to positively influence and improve practice and outcomes for patients.
- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing well when compared to practices nationally. The practice achieved 100% of the number of points available. Data showed 86% of diabetic patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. Also 95% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%.
- 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.

# 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 rated the practice higher than others for several aspects of 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.
- Patients said they could make an appointment when they needed one and there was continuity of care, with urgent appointments available the same day. The practice identified which patient satisfaction scores were low and took action to improve these areas of their service.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- Information about how to complain was available and evidence showed the practice responded quickly to issues raised. Learning from complaints was shared with staff and other stakeholders.

Good



## Are services well-led?

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

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff were clear about the vision and their responsibilities in relation to it.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.

Good



# Summary of findings

- The provider was aware of and complied with the requirements of the duty of candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for notifiable safety incidents and ensured this information was shared with staff to ensure appropriate action was taken
- The practice proactively sought feedback from staff and patients, which it acted on. The patient participation group was active.
- There was a strong focus on continuous learning and improvement at all levels.

# Summary of findings

## The six population groups and what we found

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

### Older people

Good



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

- The practice offered proactive, personalised care to meet the needs of the older people in its population. All patients over the age of 75 had a named GP.
- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs. The practice was proactive in offering those older patients who could not attend clinic for Flu vaccinations or health checks this service in their own home.
- Older patients at risk of hospital admission and in vulnerable circumstances had care plans.
- The practice worked together with the 'Rapid Response' community team, aimed at treating people in their own homes if at risk of needing hospital admission. Social Workers were available for the prompt coordination of any social needs alongside the patients' health issues.
- The practice maintained a palliative care register and held monthly meetings attended by a wide multidisciplinary team to enable sharing of information relating to patients to improve Palliative and End of Life care.
- GPs operated a "buddy" system for palliative care patients, so that there was always someone familiar with the case if a patient became unwell.

### People with long term conditions

Good



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

- Nursing staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority.
- The practice was supporting a health care assistant to become an assistant practitioner in order that they could manage patients with some long-term conditions.

# Summary of findings

- Patients with a long-term condition had a named GP and a single 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. Regular multi-disciplinary team meetings took place with representation from other health and social care services. We saw that discussions took place to understand and meet the range and complexity of people's needs and to assess and plan ongoing care and treatment.
- Longer appointments and home visits were available when needed.
- A GP partner volunteered as a Diabetes UK clinical champion and advised on NICE quality standards, leading talks on a national level and shared good practice locally. Practice patient satisfaction survey results of diabetic patients in 2015 were very positive and performance for diabetes related indicators were comparable or above the national average. For example, blood measurements for diabetic patients showed that 86% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%.
- Patients were offered an insulin initiation and follow up telephone advice service which was run by a practice nurse and supported by the lead GP. This meant that only the most complex patients needed to be referred to the hospital services for diabetic patients.
- Clinical staff actively referred appropriate patients and worked collaboratively with the local extensivist service, run by the CCG. The Extensivist service is provided by a team of clinicians and non-clinicians skilled in supporting patients with complex needs. This offered patients, over sixty with two or more long term conditions, coordinated health and social care support.

## Families, children and young people

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

- Systems were in place to identify and follow up children who were considered at risk of harm or neglect. For example, the needs of all at-risk children were regularly

Good 



# Summary of findings

reviewed at practice multi-disciplinary meetings involving child care professionals such as health visitors and school nurses. We saw positive examples of joint working with midwives, health visitors and school nurses.

- 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.
- Appointments were available outside of school hours and the premises were suitable for children and babies.
- Vaccination rates for 12 month and 24 month old babies and five year old children were above CCG averages. Practice staff proactively contacted families who had failed to attend immunisation appointments and followed up any concerns. The practice operated an in house recall system for childhood immunisations with a designated member of staff co-ordinating invitations and recalls which led to an increase in immunisation rates.
- A drop in Family planning clinic was available each Thursday from 4.45pm until 6pm.

## Working age people (including those recently retired and students)

Good



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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- Extended hours surgeries were offered between 6pm and 8.30pm every Monday and Thursday and from 7am every Wednesday for working patients who could not attend during normal opening hours. Appointments were available with GPs, nurses and HCAs and the Mental Health practitioner. Telephone consultations were also available.
- 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.
- The practice encouraged online Patient Access for booking appointments, ordering prescriptions, viewing medical records.

# Summary of findings

## People whose circumstances may make them vulnerable

Good



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

- The practice held a register of patients living in vulnerable circumstances including homeless people, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability and other complex needs.
- 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.
- 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.
- Arrangements were in place to identify and support carers
- The practice had effective working relationships with multidisciplinary teams in the case management of vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies.

## People experiencing poor mental health (including people with dementia)

Good



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

- Patients had access to an in-house Advanced Mental Health therapist. Evening appointments were available and patients presenting with new mental health concerns were offered a same day appointment.
- Data from the Quality and Outcomes Framework (QOF) showed that the practice was performing highly in this area when compared to practices nationally. For example, 95%

# Summary of findings

of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the national average of 88%. Exception rate reporting was 8% compared to the CCG average of 19%.

- Staff had a good understanding of how to support patients with mental health needs and dementia. Staff had begun training to become 'dementia friends'.
- 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 promoted and referred patients to 'The Big White Wall' a 24/7 online confidential mental health website providing support, counselling and information.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations.

# 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. 257 survey forms were distributed and 126 were returned.

- 70% of patients found it easy to get through to this practice by phone compared to the national average of 73%.
- 78% 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%.
- 81% of patients described the overall experience of this GP practice as good compared to the national average of 85%.
- 87% 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 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection.

We received 36 comment cards, patients commented that the staff were friendly and kind and that GPs and nurses listened and provided excellent care. Three patients referred to difficulties when telephoning the practice.

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

The practice invited patients within the practice to complete the NHS Friends and Family test (FFT). The FFT gives every patient the opportunity to provide feedback on the quality of care they receive. We looked at the results of the FFT for 2016, 59 patients had responded. This indicated that 95% of those patients were extremely likely or likely to recommend the practice to their friends and family.

## Areas for improvement

### Action the service **SHOULD** take to improve

- Systems to ensure all policies are regularly reviewed and updated should be strengthened.
- Ensure practice literature on complaints clearly states which organisation patients can contact for support or who they can contact if they are not satisfied with the outcome of their complaint.

- Risk assess the level of Disclosure and Barring (DBS) checks for non clinical staff providing a chaperone service and reflect this in the practice policy.

## Outstanding practice

- A GP at the practice had developed an at glance guide to dealing with safeguarding concerns which

meant staff could quickly and easily refer to guidance when they had a concern. This had been shared with and adopted by the CCG to disseminate to local practices.

# The Village Practice

## 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 The Village Practice

The Village Practice is based in Thornton-Cleveleys, Lancashire. The practice is part of Fylde and Wyre Clinical Commissioning Group (CCG) and delivers services under a Personal Medical Services contract with NHS England

The practice is located in a large medical centre on the outskirts of the town. There is easy access to the building and disabled facilities are provided. All consultations rooms are on the ground floor. There is a large car park serving all of the medical facilities on the site. There are five GP partners working at the practice. The Village Practice is a training practice and as such currently has a one trainee GP. There are four female part time practice nurses, and 1 part time health care assistant. The practice have recently employed a clinical pharmacist and an advanced nurse practitioner. There is also an Advanced Mental Health therapist, a business manager and a patient services manager and a team of administrative/reception staff.

The practice had been Royal College of General Practitioners (RCGP) research accredited since 2008 and conducts clinical research studies.

Within the building there is one other practice and community services. The building is owned by the two practices.

The practice opening times are 8am until 6pm Monday to Friday. Extended hours are available on Monday and Thursday until 8pm and on Wednesday mornings from 7am.

Patients requiring a GP outside of normal working hours are advised to call NHS 111 service.

There are 8954 patients on the practice list. The majority of patients are white British. The largest population group within the practice are older patients, 24% are over 65 as opposed to the CCG average of 17.1%.

## Why we carried out this inspection

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

## How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations such as Fylde and Wyre Clinical Commissioning Group to share what they knew. We carried out an announced visit on 10 June 2016. During our visit we:

- Spoke with a range of staff including GPs, the practice manager, practice nurses, a health care assistant and admin and reception staff.

# Detailed findings

- Reviewed the practice's policies and procedures.
- Reviewed comment cards where patients shared their views and experiences of the service.
- Spoke with with four patients.

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

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

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

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

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

# Are services safe?

## Our findings

### Safe track record and learning

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

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

We reviewed safety records, incident reports, patient safety alerts and minutes of meetings where these were discussed. We saw evidence that lessons were shared and action was taken to improve safety in the practice.

Following the analysis and review of a significant event involving a missed home visit the practice reviewed and updated the practice locum pack to include this information and updated their procedures to ensure this did not happen again. Staff were knowledgeable and could tell us about updates to procedures as a result of Significant Event Analysis but these updates were not always clearly documented.

### Overview of safety systems and processes

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

- Arrangements were in place to safeguard children and vulnerable adults from abuse. These arrangements reflected relevant legislation and local requirements. Policies were accessible to all staff via the practice intranet system. The policies clearly outlined who to contact for further guidance if staff had concerns about

a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended safeguarding meetings and provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training on safeguarding children and vulnerable adults relevant to their role. GPs were trained to child protection or child safeguarding level 3. Nurses were trained to level 2.

- Notices in consulting rooms advised patients that chaperones were available if required. All staff who acted as chaperones were trained for the role and all clinical staff had received an enhanced 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). Some clerical staff were trained to provide a chaperone service and had received a standard DBS check. The chaperone practice policy did not clarify who provided this service and the practice DBS policy did not detail what checks non clinical staff should have and why. The practice manager explained the risk assessment process they had followed and sent this to us following the inspection. This should be incorporated into practice policies to ensure this process is embedded.
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be clean and tidy. The practice nurse was the infection control clinical lead who liaised with the local infection prevention teams to keep up to date with best practice. There was an infection control protocol in place and staff had received up to date training. Annual infection control audits were undertaken and we saw evidence that issues were identified and action was taken to address any improvements identified as a result
- 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). We saw evidence that when issues were identified the practice contacted the appropriate NHS England department for guidance. Processes were in place for handling repeat prescriptions which included the review of high risk medicines. The practice pharmacist carried out regular medicines audits, medication queries and reviews, to ensure prescribing was in line with best

## Are services safe?

practice guidelines for safe prescribing. Blank prescription forms and pads were securely stored and there were systems in place to monitor their use. One of the nurses had qualified as an Independent Prescriber and could therefore prescribe medicines for specific clinical conditions. She received mentorship and support from the medical staff for this extended role. 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 five personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service. We did not see proof of identity within the staff files we looked at however we saw that staff had NHS SMART cards which confirmed their identity.

### Monitoring risks to patients

Risks to patients were assessed and well managed.

- There were procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy available with a poster in the reception office which identified local health and safety representatives. The practice had up to date fire risk assessments and carried out yearly fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a variety of other risk assessments in place to monitor safety of the premises such as control of

substances hazardous to health and infection control and legionella (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).

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

### Arrangements to deal with emergencies and major incidents

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

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

The practice had a comprehensive business continuity plan in place for major incidents such as power failure or building damage. The plan included emergency contact numbers for staff.



# 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 manager ensured relevant staff reviewed updates and showed us the audit trail which confirmed staff had read the information. This was further embedded through discussion at clinical meetings.
- The practice monitored that guidelines were followed through risk assessments, audits and random sample checks of patient records.

### Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice).

The most recent published results were 100% of the total number of points available. Exception reporting figures for the practice were generally comparable or lower than the clinical commissioning group (CCG) and national averages[J11]. 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. For patients with osteoporosis this was 0% compared to the CCG figure of 19% and the national figure of 13%. The overall exception reporting figure for the practice was 8.8% (0.4% less than the national average).

This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/2015 showed:

- Performance for mental health related indicators was above the national average.

95% of people experiencing poor mental health had a comprehensive, agreed care plan documented in the record compared to the CCG average of 85% and the national average of 88%.

- Performance for diabetes related indicators were comparable or above the national average. For example, blood measurements for diabetic patients showed that 86% of patients had well controlled blood sugar levels compared with the CCG average of 83% and national average of 78%. The percentage of diabetic patients who had received an influenza immunisation was 99% compared to the CCG average of 96% and national average of 94%. The percentage of diabetic patients with a record of a foot examination was 93% compared to the CCG average of 88% and national average of 91%.

There was evidence of quality improvement including clinical audit.

- The practice had an embedded culture of using clinical audits to improve patient outcomes and the quality of care provided. The practice sent us a summary of nine clinical audits completed in the previous 12 months. We looked at two clinical audits in depth which were completed audits where the improvements made were implemented and monitored.
- Findings were used by the practice to improve services. For example, following information from the Medicines and Healthcare products Regulatory Agency (MHRA) regarding risk relating to a medicine the practice conducted an audit to ensure affected patients were identified and their medication reviewed. The practice then conducted a further two audit cycles to ensure all patients, including those new to the practice were no longer at risk
- The practice participated in local audits and peer reviews via CCG meetings.
- The GPs had a range of extended expertise in areas such as diabetes, paediatrics, women's health and health education and research which allowed the practice to focus on specific conditions.
- One GP volunteered as a Diabetes UK clinical champion and advised on NICE quality standards, leading talks on a national level and shared good practice locally. This GP had conducted an in depth audit of the management of type two diabetes in patients over 70

# Are services effective?

## (for example, treatment is effective)

years. This had begun in 2016 and was due to be reviewed later this year. A practice patient satisfaction survey of diabetic patients had been conducted in 2015. The results of this were very positive. For example, 90% of patients described their overall care as excellent or good, 97% said their treatment was clearly explained and 95% said they were involved with decisions affecting their care. Patients were also offered an insulin initiation and follow up telephone service which was run by a practice nurse and supported by the lead GP.

### Effective staffing

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

- The practice had an induction programme for all newly appointed staff. This covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff. For example, for those reviewing patients with long-term conditions. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had been included in an assessment of competence. Staff who administered vaccinations demonstrated 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 and meetings outside the practice with clinical peers.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support, one-to-one meetings, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had received an appraisal within the last 12 months.
- Staff received training that included: safeguarding, fire safety awareness, basic life support and information governance. Staff had access to and made use of e-learning training modules and in-house training.

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

### Consent to care and treatment

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

- 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 in the patients medical record.
- The process for seeking consent was monitored through patient records audits and palliative care audits.

### Supporting patients to live healthier lives

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

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

# Are services effective?

(for example, treatment is effective)

The practice's uptake for the cervical screening programme was 79%, which was comparable to the CCG average of 84% and the national average of 82%. There was a policy to offer telephone reminders for patients who did not attend for their cervical screening test. The practice demonstrated how they encouraged uptake of the screening programme by using information in different languages and for those with a learning disability and they ensured a female sample taker was available. 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. There was particularly high uptake of breast screening rates of female patients aged 50-70 within the last 36 months; 84.2% opposed to the national average of 72%.

Childhood immunisation rates for the vaccinations given were above CCG averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 98.8% to 100% (93-97% CCG figures) and five year olds from 91.6% to 100% (87%-97% CCG figures). Low uptake rates the previous year led the practice to review how children were invited for vaccinations. They introduced a practice based recall and reminder system which led to an improvement in child vaccination rate uptake.

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

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.

The majority of the 36 patient Care Quality Commission comment cards we received were extremely 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. Three comments were made about the amount of time patients spent waiting on the telephone. We saw that the practice had listened to patient feedback and had recently introduced a new telephone system and planned to review this later in the year.

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

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

- 94% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 90% and the national average of 89%.
- 96% of patients said the GP gave them enough time compared to the CCG average of 93% and the national average of 87%.

- 97% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 96% and the national average of 95%.
- 89% of patients said the last GP they spoke to was good at treating them with care and concern compared to the national average of 85%.
- 94% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the national average of 91%.
- 89% of patients said they found the receptionists at the practice helpful compared to the CCG average of 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 above local and national averages. For example:

- 90% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 87% and the national average of 86%.
- 87% 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%.
- 93% 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 notices in the reception areas informing patients this service was available.

## Are services caring?

- Information in braille had been accessed by the practice to assist their blind patients.
- Easy read information leaflets were available and clinical staff used easy read material in a pictorial format to help patients with learning disabilities understand their care and treatment options.

### **Patient and carer support to cope emotionally with care and treatment**

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

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 192 patients as carers (2.1% of the practice list). Written information was available to direct carers to the various avenues of support available to them. A noticeboard in the waiting area was dedicated to Carers Week (6-12th June) and provided useful information and contact numbers.

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

# 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 currently involved in setting up a pilot to lead in the development of an integrated diabetes service within the local neighbourhood to provide holistic care including dietetic, lifestyle, podiatry and education.

- The practice offered extended hours on Monday and Thursday evenings until 8pm and from 7am on Wednesday mornings for working patients who could not attend during normal opening hours.
- There were longer appointments available for patients with a learning disability, multiple conditions or those patients who staff had identified required additional support.
- 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.
- There were monthly multidisciplinary team meetings to discuss patients with complex needs. The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs.
- The lead Safeguarding GP met with other Safeguarding practice leads every two months to share good practice and lessons learned and feedback this information to the practice team. The practice had developed an at glance guide to dealing with safeguarding concerns

which meant staff could quickly and easily refer to guidance when they had a concern. This had been shared and adopted by the CCG to disseminate to local practices.

- There was a notice board in the waiting area which promoted dementia awareness and memory services. Staff were in the process of completing dementia training to become 'dementia friends'.
- In house mental health support was available including urgent assessments, Cognitive Behavioural Therapy (CBT) and counselling. Patients could self referral to this service and evening appointments were available. Priority appointments were available for new presentations and vulnerable patients (for example mothers with post-natal depression).
- A drop-in family planning clinic was run every Thursday evening by a GP and Nurse Prescriber.
- An insulin initiation service was provided for patients with type two diabetes. The practice nurse responsible for diabetic care provided follow up and telephone advice (supported by the lead GP).

### Access to the service

The practice was open between 8am and 6pm Monday to Friday. Appointments were available throughout this time. Extended hours appointments were offered until 8pm on Monday and Thursday evenings and from 7am every Wednesday. In addition to pre-bookable appointments that could be booked up to two weeks in advance, urgent appointments were also available for people that needed them.

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

- 70% of patients were satisfied with the practice's opening hours compared to the national average of 75%.
- 70% of patients said they could get through easily to the practice by phone compared to the national average of 73%.

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

The practice had a system in place to assess:

# Are services responsive to people's needs?

(for example, to feedback?)

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

A noticeboard in the waiting area gave patients up to date information about changes within the practice. For example, pictures and information about new members of staff (practice pharmacist and nurse practitioner) included details about what services they could provide to patients.

Receptionists received in house triage training and followed procedures which helped them direct patients with particular conditions to the most appropriate clinician.

## Listening and learning from concerns and complaints

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

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.

We saw that a summary leaflet was available to help patients understand the complaints system. However this leaflet was unclear which organisations provided advice and support as opposed to who to contact if you were unhappy with the outcome of the complaint.

We looked at three complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, and with openness and transparency with dealing with the complaint. Lessons were learnt from individual concerns and complaints and shared with the practice team.



# 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 staff demonstrated a common goal to deliver a quality service.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

The practice had a succession plan for all staff roles which was regularly reviewed. Staff were supported to access additional training to allow them to upskill to meet the changing needs and demands of the patients they serve. For example a HCA had become a trainee Assistant Practitioner and a Phlebotomist had become a trainee HCA.

### Governance arrangements

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

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

### Leadership and culture

On the day of inspection the partners in the practice demonstrated they had the experience, capacity and capability to run the practice and ensure high quality care.

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

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

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

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

- Staff told us the practice held regular team meetings.
- 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 an annual team social event every year. There was a low staff turnover and the feedback from staff was that they enjoyed working at the practice and morale was high.
- Staff said they felt respected, valued and supported, particularly by the partners in the practice. All staff were involved in discussions about how to run and develop the practice, and the partners encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. An initial



# Are services well-led?

Good 

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

virtual group had become a 'core group' from October 2015. They met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. A GP partner and a member of the management team attended. We saw that improvements had been made as a result of suggestions made by the PPG. For example PPG feedback had led to the practice introducing a new telephone system.

- A noticeboard in reception was dedicated to the PPG; encouraging membership and providing feedback on issues discussed.
- The practice had gathered feedback from staff through staff away days and generally through staff meetings, appraisals and discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- The practice proactively identified areas for improvement. They conducted an annual review of the GP Patient Survey and used lower scores to develop

action plans. For example, 19% of patients said they are able to see or speak to their preferred GP (as opposed to the CCG figure of 32%). The practice examined why this could occur, for example, they were a training practice and a popular GP worked part time. The practice identified actions, for example they reviewed workforce planning and began to educate patients regarding new health professionals in the practice. They planned to review the impact of these measures from the next patient survey results.

## Continuous improvement

There was a focus on continuous learning and improvement at all levels within the practice. The practice team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. The practice had worked collaboratively with six other local practices on a Care Home pilot to offer holistic patient assessment of all new admissions into residential care which involved Proactive care planning, three monthly reviews and 72 hour post hospital discharge. There were plans to extend this service to house-bound patients.