

Newent Doctors Practice

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

We carried out an announced comprehensive inspection at Newent Doctors Practice on 1 March 2016. Overall the practice is rated as good.

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

- There was an open and transparent approach to safety and an effective system in place for reporting and recording significant events.
- Risks to patients were assessed and well managed.
- Staff assessed patients' needs and delivered care in line with current evidence based guidance. Staff had the skills, knowledge and experience to deliver effective care and treatment.
- 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.
- 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.
- There was a clear leadership structure and staff felt supported by management. The practice proactively sought feedback from staff and patients, which it acted on.
- The provider was aware of and complied with the requirements of the Duty of Candour. (Duty of Candour is a legal duty to ensure providers are open and transparent with patients who use services. It also sets out specific requirements providers must follow when things go wrong with care and treatment, including informing patients about the incident, providing reasonable support, providing truthful information and an apology when things go wrong).

The areas where the provider should make improvement are:

- Ensure that appropriate actions are taken following medicines incidents.

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.

- 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 there were safety incidents, patients received reasonable support, truthful information, a verbal and 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. However, one medicines incident had been logged but no actions were taken to ensure a similar incident would not reoccur. The prescribing lead for the practice advised that an appropriate resolution would be identified, shared at practice level and implemented accordingly.

Good



Are services effective?

The practice is rated as good for providing effective services.

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

Good



Are services caring?

The practice is rated as good for providing caring services.

- Patients said they were treated with compassion, dignity and respect and they were involved in decisions about their care and treatment.

Good



Summary of findings

- Information for patients about the services available was easy to understand and accessible. The practice leaflet ensured patients were aware of the practice appointment system and clinics that were available.
- We saw staff treated patients with kindness and respect, and maintained patient and information confidentiality.

On the day of our inspection we saw many thank you cards and also a 'heart felt thank you' letter from a patient to their GP which was published in a local magazine

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. For example, a practice nurse conducted an audit to identify whether newly diagnosed type two diabetics were attending structured education programmes when referred to a local hospital within the first nine months of diagnosis. The results showed that 64% of patients were not attending; this prompted the practice nurse to implement an education session within the surgery. Upon re-audit the attendance rate has already risen to 73% with further appointments scheduled throughout March which gives potential for a 96% attendance rate since recommendations have been implemented.
- 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 had a trust fund which paid for counselling support at the surgery for patients that were referred from their GP.
- 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.

Good



Are services well-led?

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

Good



Summary of findings

- The practice had a clear vision and strategy to deliver high quality care and promote good outcomes for patients. Staff was clear about the vision and their responsibilities in relation to this.
- There was a clear leadership structure and staff felt supported by management. The practice had a number of policies and procedures to govern activity and held regular governance meetings.
- There was an overarching governance framework which supported the delivery of the strategy and good quality care. This included arrangements to monitor and improve quality and identify risk.
- The provider was aware of and complied with the requirements of the Duty of Candour. The partners encouraged a culture of openness and honesty. The practice had systems in place for knowing about 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

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

- The practice offered proactive, personalised care to meet the needs of the older patients in its population and had a range of enhanced services, for example in shingles, influenza and pneumococcal immunisations.
- The practice participated in the care home enhanced service and provided regular reviews and visits for patients.
- The practice was responsive to the needs of older patients, and offered home visits and urgent appointments for those with enhanced needs.
- The practice worked together with a local transport provider 'dial a ride' to ensure that suitable appointments were available for patients using this service.
- There were podiatry and physiotherapy services based at the practice to provide services closer to home for older patients.

Good



People with long term conditions

The practice is rated as good for the care of patients 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. Both of the nurses leading on diabetes had attended the Warwick training course and a third nurse specialised in stroke and heart disease.
- Performance for overall diabetes related indicators was 95% which was comparable to the clinical commissioning group (CCG) average of 95% and national average of 89%.
- 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. The practice held quarterly multidisciplinary meetings with community based staff.
- Diabetes education was offered in house and audit results identified that this had significantly improved patients attendance levels.

Good



Summary of findings

- To support patients to receive care closer to home the practice offered diabetic eye screening, aneurysm screening, acupuncture and phlebotomy services.

Families, children and young people

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

- There were systems in place to identify and follow up children living in disadvantaged circumstances and who were at risk, for example, children and young patients who had a high number of A&E attendances. Immunisation rates were relatively high for all standard childhood immunisations.
- 75% of patients with asthma on the register had a review in the last 12 months which was comparable to the national average of 75%.
- Patients told us children and young patients were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- The practice's uptake for women aged 25-64 whose notes record that a cervical screening test has been performed in the preceding five years was 85% which was above the national average of 82%.
- Appointments were available outside of school hours and the premises were suitable for children and babies. The practice held child flu clinics during the schools October half term to support high attendance and access rates.
- We saw positive examples of joint working with midwives, health visitors and school nurses through minutes of monthly multidisciplinary safeguarding meetings.
- There were district nurses, health visitors and midwives based services located at the practice and a child physiotherapist and a speech and language therapist also held regular clinics at the practice.

Good



Working age people (including those recently retired and students)

The practice is rated as good for the care of working-age patients (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.

Good



Summary of findings

- The practice was proactive in offering online services as well as a full range of health promotion and screening reflects the needs for this age group.
- The practice offered extended hours appointments for working age patients from 7am to 8am Monday to Friday.

People whose circumstances may make them vulnerable

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

- The practice held a register of patients living in vulnerable circumstances including homeless patients, travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable patients and also held quarterly meetings.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- The practice accommodates regular clinics for a consultant psychotherapist, a drug and alcohol team and a community psychiatric nurse.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff was aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single hub for assessment as to which alternative service might be of most benefit.

Good



People experiencing poor mental health (including people with dementia)

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

- 85% of patients diagnosed with dementia had had their care reviewed in a face to face meeting in the last 12 months, which was higher than the national average of 84%.
- The practice regularly worked with multi-disciplinary teams in the case management of patients experiencing poor mental health, including those with dementia.

Good



Summary of findings

- A mental health nurse and a consultant psychiatrist for the elderly attended the practice to see patients that were referred by their GP.
- 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 trust fund which paid for counselling support at the surgery for patients that were referred from their GP; this has been running for 20 years.
- The practice had a system in place to follow up patients who had attended accident and emergency where they may have been experiencing poor mental health.
- Staff had a good understanding of how to support patients with mental health needs and dementia. Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 82%.

Summary of findings

What people who use the service say

The national GP patient survey results published in January 2016. The results showed the practice was performing in line with local and national averages, 237 survey forms were distributed and 125 were returned, a completion rate of 53% (which represents 1.2% of the patient population).

- 84% of patients found it easy to get through to this surgery by phone compared to a clinical commissioning group (CCG) average of 83% and a national average of 73%.
- 85% of patients were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 89% and a national average of 85%.
- 89% of patients described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 89% and a national average of 85%.

- 88% of patients said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area, with a CCG average of 83% and a national average of 79%.

As part of our inspection we also asked for Care Quality Commission (CQC) comment cards to be completed by patients prior to our inspection. We received 16 comment cards which were all positive about the standard of care received. Patients described the team as professional, excellent, helpful and caring.

We spoke with eight patients during the inspection. All eight patients said they were happy with the care they received and thought staff were respectful, knowledgeable and caring.

We looked at the NHS Friends and Family Test from 1 December 2015 to 31 December 2015, where patients are asked if they would recommend the practice. The results showed that 80% of the five respondents would recommend the practice to their family and friends.

Areas for improvement

Action the service SHOULD take to improve

Ensure that appropriate actions are taken following medicines incidents.

Newent Doctors 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, a pharmacist specialist adviser and an Expert by Experience.

Background to Newent Doctors Practice

Newent Doctors Practice is a rural dispensing practice located in Newent which is approximately 10 miles from Gloucester. The practice catchment area includes rural areas of Gloucestershire and Herefordshire including Dymock, Upleadon, Highnam, Huntley and Upton Bishop. The practice is situated on the ground floor of the building and is wheelchair accessible with automatic doors and a lift to the health education room which is also accessed by several steps.

The practice is approved for training qualified doctors who wish to become GPs and provides general medical services to approximately 10,600 patients. Services to patients are provided under a General Medical Services (GMS) contract with NHS England. (GMS contract is a contract between NHS England and general practices for delivering general medical services and is the commonest form of GP contract).

The Practice has seven GP partners (five female and two male) which equated to six and a half whole time equivalent GPs. The clinical team include three practice nurses (all female) and three phlebotomists (all female). The practice manager is supported by a reception manager and a team of six receptionists and two secretaries.

Newent Doctors Practice is a dispensing practice, the dispensary is managed by a dispensary manager who is supported by four dispensers.

The practice population has a higher proportion of patients aged between 65 and 69 compared to local and national averages, and a lower proportion of patients aged between 30 and 34 compared to local and national averages

According to national data there are pockets of deprivation in Gloucestershire; however the practice is located in an area with minimal deprivation. The prevalence of patients with a long standing health condition is 50% compared to the local CCG average of 55% and national average of 54%. Patients living in more deprived areas and with long-standing health conditions tend to have greater need for health services.

The practice is open between 8.30am and 6.30pm on Monday to Friday. Appointments are available between 8.30 am and 11.30am every morning and 2pm to 6pm every afternoon. Early appointments are available Monday to Friday between 7am and 8am.

Out Of Hours cover is provided by South Western Ambulance Service NHS Foundation Trust and can be accessed via NHS 111.

The practice provided its services from the following address:

Newent Doctors Practice

The Holts Health Centre

Watery Lane

Newent

Gloucestershire

GL18 1BA

This is the first inspection of Newent Doctors Practice.

Detailed findings

Why we carried out this inspection

We inspected this service as part of our new comprehensive inspection programme.

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

How we carried out this inspection

Before visiting, we reviewed a range of information we hold about the practice and asked other organisations to share what they knew. We carried out an announced visit on 1 March 2016.

During our visit we:

- Spoke with a range of staff including the practice manager, three nurses, one reception manager, one phlebotomist, one dispensing manager, one dispenser, one secretary, one trainee GP and five GPs (two male and three female). We also spoke to eight patients who used the service and four patient participation group members.
- Observed how patients were being cared for and talked with carers and/or family members.

- Reviewed an anonymised sample of the personal care or treatment records of patients.
- Reviewed 16 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 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 Care Quality Commission (CQC) at 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 and in the practice manager's office.
- The practice carried out a thorough analysis of the significant events.

We reviewed safety records, incident reports national patient safety alerts and minutes of meetings where these were discussed. Lessons were shared to make sure action was taken to improve safety in the practice. For example, a medical emergency situation arose outside the practice front door before the surgery was open. Staff raised the alarm and a GP dealt with the emergency. The significant event was shared at a staff meeting and learnings were identified such as, the GP was in a different room on the day and noted that the panic button was not in the same place in their own consultation room. This led to all the panic buttons being relocated in identical places in each consultation / treatment room. It was also decided that a blood monitor test machine would be added to the resuscitation trolley.

When there were unintended or unexpected safety incidents, patients received reasonable support, truthful information, a verbal and written apology and were told about any actions to improve processes to prevent the same thing happening again.

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 reflected relevant legislation and local requirements and policies were accessible to all staff. The policies clearly outlined who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead member of staff for safeguarding. The GPs attended multi-disciplinary safeguarding meetings on a quarterly

basis and always provided reports where necessary for other agencies. Staff demonstrated they understood their responsibilities and all had received training relevant to their role. GPs were trained to Safeguarding level three for child protection.

- Notices in the waiting room, consultation rooms and treatment rooms advised patients' chaperones were available if required. All staff who acted as chaperones were trained for the role and had received a Disclosure and Barring Service check (DBS check). (DBS checks identify whether a person has a criminal record or is on an official list of the 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 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 action was taken to address any improvements identified as a result.
- We reviewed three personnel files and found appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service.
- There were 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.

Medicines management

We checked medicines stored in the treatment rooms and medicine refrigerators and found they were stored securely and were only accessible to authorised staff. There was a policy for ensuring that medicines were kept at the required temperatures, which described the action to take in the event of a potential failure. Records showed room temperature and fridge temperature checks were carried out which ensured medication was stored at the appropriate temperature.

Are services safe?

Processes were in place to check medicines were within their expiry date and suitable for use. All the medicines we checked were within their expiry dates. Expired and unwanted medicines were disposed of in line with waste regulations.

All prescriptions were reviewed and signed by a GP before they were given to the patient. Both blank prescription forms for use in printers and those for hand written prescriptions were handled in accordance with national guidance as these were tracked through the practice and kept securely at all times.

There was a system in place for the management of high risk medicines, which included regular monitoring in accordance with national guidance. Appropriate action was taken based on the results.

The practice had clear systems in place to monitor the prescribing of controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) and had in place standard procedures that set out how they were managed. These were being followed by the practice staff. For example, controlled drugs were stored in a controlled drugs cupboard and access to them was restricted and the keys held securely.

There were arrangements in place for the destruction of controlled drugs and the practice carried out regular audits relating to the prescribing of controlled drugs. Staff were aware of how to raise concerns around controlled drugs with the controlled drugs accountable officer in their area.

The nurses used Patient Group Directions (PGDs) to administer vaccines and other medicines that had been produced in line with legal requirements and national guidance. We saw sets of PGDs that were all in date. We saw evidence that nurses had received appropriate training and been assessed as competent to administer the medicines referred to under a PGD.

The practice had appropriate written procedures in place for the production of prescriptions and dispensing of medicines that were regularly reviewed and accurately reflected current practice. The practice was signed up to the Dispensing Services Quality Scheme to help ensure processes were suitable and the quality of the service was maintained. Dispensing staff had all completed appropriate training and had their competency annually reviewed.

We saw a positive culture in the practice for reporting and learning from medicines incidents and errors. Incidents were mostly logged efficiently and then reviewed promptly. This helped to ensure appropriate actions were taken to minimise the chance of similar errors occurring again. However, one medicines incident had been logged but no actions were taken to ensure a similar incident would not reoccur. The prescribing lead for the practice advised that an appropriate resolution would be identified, shared at practice level and implemented accordingly.

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 staff room 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. However, we found that equipment in the GPs bags had not been calibrated, the practice manager informed us that these items would be sent for calibration.
- 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. The practice evidenced clear succession planning which included redistributing roles to enable effective cross cover. 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 were panic buttons in all the consultation and treatment rooms which alerted staff to any emergency.

Are services safe?

- All staff received annual basic life support training and there were emergency medicines available in three of the treatment rooms.
- 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 fit for use.

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 met patient's needs.
- The practice monitored these guidelines were followed through risk assessments, audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 97% of the total number of points available, with 8% 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). This practice was not an outlier for any QOF (or other national) clinical targets. Data from 2014/15 showed:

- Performance for diabetes related indicators was 95% which was comparable to the clinical commissioning group (CCG) average of 95% and national average of 89%.
- The percentage of patients with hypertension having regular blood pressure tests was 88% which was above both the CCG average of 85% and national average of 84%.
- Performance for mental health related indicators was 100% which was above the CCG average of 97% and national average of 93%.

Clinical audits demonstrated quality improvement.

- There had been five clinical audits completed in the last year, all of these were completed audits where the improvements made were implemented and monitored.
- The practice participated in local audits, national benchmarking, accreditation, peer review and research. The practice had implemented a monthly journal club where one GP would present on a journal article or educational event they had attended to benefit the team with the updated knowledge
- Findings were used by the practice to improve services. For example, recent action taken included ensuring patients who had contraceptive implants removed due to unscheduled bleeding were being routinely offered the combined oral contraceptive pill.

Information about patients' outcomes was used to make improvements such as; moving the diabetes education programme from Gloucester hospital (approximately 10 miles away) to the practice so that patients had the choice of being seen either at the hospital or within the practice.

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 staff reviewing patients with long-term conditions.
- Staff administering vaccines and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccines could demonstrate how they stayed up to date with changes to the immunisation programmes, for example by access to on line resources and discussion at practice meetings.
- The learning needs of staff were identified through a system of appraisals, meetings and reviews of practice development needs. Staff had access to appropriate training to meet their learning needs and to cover the scope of their work. This included ongoing support

Are services effective?

(for example, treatment is effective)

during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. All staff had had an appraisal within the last 12 months.

- Staff received training including: safeguarding, fire procedures, basic life support and information governance awareness. 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. Information such as NHS patient information leaflets were also available.
- 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 services 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. We saw evidence multi-disciplinary team meetings took place on a monthly basis and care plans were routinely reviewed and updated.

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 patients, 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.
- The process for seeking consent was monitored through records audits.

Supporting patients to live healthier lives

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

- These included patients in the last 12 months of their lives, carers, those at risk of developing a long-term condition and those requiring advice on their diet, smoking and alcohol cessation and counselling. Patients were then signposted to the relevant service.
- A dietician was available on the premises and smoking cessation advice was provided by the practice nurses who had received appropriate training in this area.

The practice's uptake for the cervical screening programme was 85%, 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. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening.

Childhood immunisation rates for the vaccinations given were comparable to CCG/national averages. For example, childhood immunisation rates for the vaccinations given to under two year olds ranged from 76% to 96% compared to CCG averages of 72% to 95%. Childhood immunisation rates for the vaccinations given to five year olds ranged from 90% to 91% compared to CCG averages of 90% to 95%.

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 consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.

All of the 16 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. Comment cards highlighted staff responded compassionately when they needed help and provided support when required.

We spoke with four members of the patient participation group. They also told us they were satisfied with the care provided by the practice and said their dignity and privacy was respected.

On the day of our inspection we saw many thank you cards and also a 'heart felt thank you' letter from a patient to their GP which was published in a local magazine.

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

- 90% of patients said the GP was good at listening to them compared to the clinical commissioning group (CCG) average of 91% and national average of 89%.
- 94% of patients said they had confidence and trust in the last GP they saw compared to the CCG average of 97% and national average of 95%.
- 87% of patients said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 88% and national average of 85%.

- 95% of patients said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 92% and national average of 90%.

However;

- 81% of patients said the GP gave them enough time compared to the CCG average of 89% and national average of 87%.
- 84% of patients said they found the receptionists at the practice helpful compared to the CCG average of 90% and 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 on the comment cards we received was also positive and aligned with these views.

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

- 85% of patients said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 89% and national average of 86%.
- 84% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and national average of 85%.

However,

- 77% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 85% and national average of 82%.

Staff told us 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. The practice had a multi-lingual check in service and patient leaflets had been translated and printed in Polish.

Patient and carer support to cope emotionally with care and treatment

Are services caring?

Notices in the patient waiting room told patients how to access a number of support groups and organisations.

The practice's computer system alerted GPs if a patient was also a carer. The practice had identified 129 patients which equated to 1.2% of the practice list as carers. Written information in the form of a dedicated carers pack was available to direct carers to the various avenues of support available to them. Further support and information was available on the practice webpage.

Staff told us if families had suffered bereavement, their usual GP contacted them or sent them a sympathy card. 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 patient'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. For example, a practice nurse conducted an audit to identify whether newly diagnosed type two diabetics were attending structured education programmes when referred within the first nine months of diagnosis. The results showed that 36% of patients were attending; this prompted the practice nurse to implement an education session within the surgery. Upon reaudit the attendance rate had already risen to 73%. Further appointments were scheduled throughout March which potentially will achieve a 96% attendance rate since the recommendations have been implemented.

- The practice offered a 'Commuter's Clinic' Monday to Friday morning between 7am and 8am 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 difficulty attending the practice.
- Same day appointments were available for children and those with serious medical conditions.
- Patients were able to receive travel vaccines available on the NHS as well as those only available privately.
- The practice hosted a range of services including podiatry, mental health, physiotherapy and speech and language, which gave better access without commuting for patients.
- There were disabled facilities, a hearing loop and translation services available.
- The practice had a lift to give access to the health education room.
- The practice had a trust fund which pays for counselling support at the surgery for patients that are referred from their GP.

Access to the service

The practice was open between 8.30am and 6.30pm Monday to Friday. Appointments were from 8.30am to 11.30am every morning and 2pm to 6pm daily. Extended

practice hours were offered between 7am to 8am weekdays. In addition to pre-bookable appointments could be booked up to six weeks in advance, urgent appointments were also available for patients needed them.

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

- 98% say the last appointment they got was convenient compared to the CCG average of 93% and national average of 92%.
- 84% patients said they could get through easily to the surgery by phone compared to the CCG average of 84% and national average of 73%.
- 88% patients said they always or almost always see or speak to the GP they prefer compared to the CCG average of 69% and national average of 76%.

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

Listening and learning from concerns and complaints

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

- The complaint 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 information was available to help patients understand the complaints system a complaints poster was displayed in the waiting room, details on how to complain was also listed on the practice webpage and in the practice leaflet.

We looked at seven complaints received in the last 12 months and found that these were satisfactorily handled, dealt with in a timely way with openness and transparency. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, two complaints arose from lack of patient knowledge around appointment systems. The practice subsequently implemented a detailed leaflet which highlighted the practices clinics and appointment structure. This leaflet is displayed on the practice webpage and also available in the practice waiting room.

Are services well-led?

Good 

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

Our findings

Vision and strategy

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

- The practice had a mission statement which was displayed in the waiting areas and staff knew and understood the values.
- The practice had a robust strategy and supporting business plans which reflected the vision and values and were regularly monitored.

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:

- There was a clear staffing structure and staff were aware of their own roles and responsibilities.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained.
- A programme of continuous clinical and internal audit which 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

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

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 knowing about notifiable safety incidents.

When there were unexpected or unintended safety incidents:

- The practice gave affected patients reasonable support, truthful information and a verbal and written apology.
- They 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 in doing so and felt supported if they did. We noted team away days were held every 12 months.
- 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. The practice 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. There was an active PPG which met regularly, carried out patient surveys and submitted proposals for improvements to the practice management team. For example, a recent patient survey highlighted that patients did not always know the staff and that they would like a photo board to be placed in the waiting room. The practice team consented to this and a board is in place. In response to concerns raised by the group, the appointment system had been improved with more phone lines and more reception team members to answer the phones during busy times.
- The practice had gathered feedback from staff through staff meetings, appraisals and discussion. Staff told us

Are services well-led?

Good 

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

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 strong focus on continuous learning and improvement at all levels within the practice. The practice

team was forward thinking and part of local pilot schemes to improve outcomes for patients in the area. For example, the practice took part in a local social prescribing initiative whereby patients with non-medical issues, such as debt or loneliness could be referred by a GP to a single point of access for assessment to determine which service would be of most benefit to the patient.