The Elizabeth Courtauld Partnership

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

Contents

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at the Elizabeth Courtauld Partnership on 20 October 2015.

Specifically, we found the practice to be good for providing safe, effective, caring, responsive, and well led services. It was also good for providing services for 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, and people experiencing poor mental health (including people with dementia).

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

- Staff knew and carried out their duty to raise concerns, and to report safety incidents. Information about safety was recorded, monitored, and appropriately reviewed to identify trends or recurring themes.
- Risks to patients were also assessed, well managed and reviewed to identify any trends or recurring themes.
- Patients' needs were considered and care was planned and provided in a way that reflected both best practice and recommended current clinical guidance.
- Staff had received the necessary training appropriate for their roles and further training had been encouraged, recognised and planned for through the practice appraisal system.
- Patients told us they were treated well with consideration, dignity and respect and they were involved in their care and decisions about their treatment. Some patients we spoke with on the day did tell us they had problems getting through on the phone.
- Information regarding how to complain about the practice was available to patients and easy to understand.
- The practice staff members had received training regarding safeguarding children and vulnerable adults and knew who to contact with any concerns.

Summary of findings

- The practice was adequately equipped to treat patients and meet their requirements.
- The practice had a well-established Patient Participation Group (PPG) that supported the practice with their opinions regarding suggestions for practice changes.

- There was a well-defined leadership structure and all the staff members we spoke with told us they felt supported in their working roles.

We saw two areas of outstanding practice:

- The practice healthcare assistant (HCA) provided a free GP referred nail clipping service for patients. The practice had investigated the need and the alternative local service was expensive for many older people.
- One of the GPs at the practice has undertaken further training in substance misuse, and provided a service for patients with this need in the practice. Patients were assessed and stabilised on treatment by the substance misuse teams at secondary care (hospital), then care was transferred to the practice. The GP with further training continued to monitor, screen urine and prescribe for these patients. This avoided them having to undertake the long journeys by public transport to secondary care services.

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?

Good

The practice is rated as good for providing safe services. Staff understood and fulfilled their duty to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered. Lessons learnt from safety incidents were communicated to staff during practice meetings to support improvement. Patients and staff told us they thought there was enough staff working at the practice to help keep people safe.

Medicine management checks and safety risks assessments were performed to ensure patients and staff were safe. These checks and assessments were also reviewed to identify any trends or recurrent themes. Infection control procedures were completed to a satisfactory standard and documented. Staff had received infection control update training and the policy for staff guidance was up to date, followed current local, and national guidelines and legislations. The practice fire equipment was appropriate and fire drills were carried out regularly to ensure staff knew how to act and keep people safe in the event of a fire.

Are services effective?

Good

The practice is rated as good for providing effective services. Data showed patient outcomes were above average in most cases and/or comparable with those in their local area. Staff referred to guidance from the National Institute for Health and Care Excellence and showed they used it routinely when interviewed. Patients' health and psychological needs were assessed and care was planned and delivered in line with current legislation. This included assessing capacity to understand and manage their treatment and to promote good health. Both clinical and non-clinical audit was used to identify areas for clinical improvement.

Staff had received appropriate training to carry out their roles. Training was identified, planned and evidenced in staff records with their appraisal documentation and personal development documents.

We found staff worked with multidisciplinary teams.

Are services caring?

Good

The practice is rated as good for providing caring services. Data showed that patients rated the practice higher than others for most

Summary of findings

aspects of care. Patients told us they were treated with compassion, dignity and respect and involved with their care and treatment. Information about the services available for patients was easy to understand and accessible in the waiting room.

We also saw that staff treated patients with kindness and respect, and maintained their confidentiality within the reception area. This was achieved by asking patients to queue and not approach the reception desk until they were called forward by the receptionists. Patient reviews about the practice, on the NHS choices website,were positive in regards to the caring aspects of patient care.

Are services responsive to people's needs?

Good

The practice is rated as good for responsive services. Patients from the practice patient participation group (PPG) told us improvements in the appointments system over the last two years had improved access to an appointment with a named GP, this enabled continuity of care. Urgent appointments were also available on the same day they were requested. The practice had adequate facilities and was suitably equipped to treat patients and could meet their needs.

Information about how to complain was available, and the practice responded in line with the timescales quoted in their policy when issues were raised. Learning from complaints was shared with staff during practice meetings.

The practice reviewed the needs of its local population and engaged with the Clinical Commissioning Group (CCG) monthly to secure improvements to services when these were identified. One of the senior partners at the practice was the CCG clinical lead. A CCG is a group of General Practices that work together to plan and design local health services in England. They do this by 'commissioning' or buying health and care services.

Are services well-led?

Good

The practice is rated as good for being well-led. It had a clear vision and strategy and staff knew their duties in regard to it. There was a clear leadership structure and staff told us they felt supported both by management and the GPs. The practice had a number of policies and procedures to govern activities at the practice. We found these had been regularly reviewed and were in line with local and national guidance and legislation.

There were assessment systems in place to monitor and identify patients' and staff members' potential risks. The practice sought feedback from staff members during appraisals and meetings, which it acted on. Staff had received inductions, regular performance reviews during their appraisals, had attended staff meetings, and training.

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.

Nationally reported data showed that outcomes for patients were above those nationally for conditions commonly found in older people.

The practice offered proactive, personalised care to meet the needs of the older people in the practice population. They provided a range of services, for example; senior health checks, bespoke care plans as part of the admission avoidance enhanced service for people at risk of an unplanned hospital admission. Once a month the practice held a multi-disciplinary meeting (MDT) meeting with GPs, district nurses and the local social work team to discuss patients who had been identified to be at high risk of hospital admission. Weekly MDT meetings with GPs and district nurses were held to discuss older people's caring needs. The GPs at the practice told us this collaborative work reduced hospital admissions and home visits, although keeping them informed and able to continue monitoring care and treatment.

The practice had made structural changes to provide easy accessibility for people from this population group for example, additional parking spaces, a lift, wheelchair access, hearing loops, and accessible doors and toilets.

The practice had provided a named GP for all patients in this population group, and the healthcare assistant (HCA) provided a free GP referred nail clipping service for patients. The practice had investigated the need and found the alternative local was expensive for many older people. They offered older people home visits, and urgent appointments to meet their needs. The maintenance of a frailty register and use of the template available on the computer medical records system alerted clinicians at the practice to the needs of frail patients.

The practice nurse practitioners regularly visited patients at home and in the four care homes looked after by the practice, to deal with day to day issues in a timely fashion before they developed into more serious problems. The GPs at the practice visited the local Community Hospital twice a day to treat and prescribe for the in-patients referred to the ward staying in the community led beds. They visited and treated all the patients in the community led beds including those registered at other GP practices.

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People with long term conditions

Good

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

Patients with a long-term condition and those at risk of a hospital admission were identified and provided with longer appointments or home visits when needed. The practice employed two nurses with additional skills in the management of long term conditions (LTC) for asthma, chronic obstructive pulmonary disease (COPD), and diabetes. The two practice nurse practitioners provided minor illness clinics which allowed the GPs to devote more time and appointments to the review and management of long term conditions. Each GP had an individual responsibility for a different LTC. All patients with a long term condition had a named GP and a structured annual review to check their health and medicine requirements were met. The practice nurses and healthcare assistants also hold clinics for this population group to address on-going monitoring of their condition(s) and lifestyle advice.

For those people with more complex needs, the named GP worked with relevant health and care professionals for example community and hospital care to deliver a multidisciplinary care package.

The practice provided patient education as a fundamental part of LTC management and hosted events which were well attended by patients.

Those patients on the palliative care register in need of care were discussed at the monthly multidisciplinary team meetings.

Families, children and young people

Good

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

Immunisation rates were high for the standard childhood immunisations and HPV vaccine for teenage girls in comparison with other practices in the local area. Children at risk, for example, children and young people who had a high number of A&E attendances were followed up. On a monthly basis at the GP partnership meetings, they discussed families with safeguarding issues. The GP who knew the child/ family best would attend safeguarding meetings when possible and always provided reports where necessary for other agencies.

GPs work closely with the 'families and schools together' (FAST) team based in local primary schools who accept referrals from the practice. The practice also referred young people to a counselling service for teenagers aged 12 to18. Reception staff members were aware of the practice policy in respect of children who attended the surgery alone. They were provided with an appointment in a timely

manner. The GP would assess the patient using 'Gillick' competence, before carrying out any consultation or treatment. Gillick competency test is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions.

Appointments were available outside school hours for families with school age children and young people. Family Planning and sexual health requirements were led by a specialist nurse who provided for a full range of contraceptive services, including coil fitting, nexplanon fitting and other common long acting forms of contraception and emergency contraception. The practice told us their policy for confidentiality and discretion was delivered in a non-judgemental approach to make the younger population feel comfortable to use our services. This provision of care was particularly beneficial for the large student population that accessed the service.

The practice worked closely with midwives, and health visitors. They provided antenatal checks and support for mothers during pregnancy, with baby checks and post-natal checks after confinement. The practice also provided family planning services, sign-posted young people towards sexual health clinics, chlamydia, and sexually transmitted disease (STD) screening.

Working age people (including those recently retired and students)

Good

The practice is rated as good for providing services to 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 offered. Extended hours appointments were provided by GPs on Monday's, along with minor ailment clinics held by Nurse practitioners and various long term condition clinics for example; Asthma, COPD, and Diabetes that followed normal surgery opening hours from 6.30 pm through to 8.30 pm.

Telephone appointments were available to allow easy access to and avoid unnecessary waiting. The practice offered online appointments and prescriptions as well as a full range of health promotion, screening, and health checks that reflected this population group's needs. The practice also had online 'Twitter feed', an 'eForum' and 'SystmOnline' to cater for patients who preferred to access information online or outside of working hours.

Summary of findings

Patients over 40 years of age are invited to a free health check, to prevent the risk of undetected hypertension, ischemic heart disease and diabetes. We were told during these checks clinicians gave advice on healthy eating and exercise related topics.

Lifestyle changes, such as smoking cessation clinics, and healthy living clinics provided patients advice regarding cholesterol level and weight management

People whose circumstances may make them vulnerable

Good

The practice is rated as good for providing services to people whose circumstances may make them vulnerable.

The practice held registers of patients living in vulnerable circumstances including those living with a learning disability (LD), and living in residential care. They carried out annual health reviews for patients with a learning disability and all of these patients had received a follow-up when we checked the 2013-2014 data available to us. They also provided day to day medical care with longer appointments, and liaised appropriately with LD specialist services.

The practice worked with multi-disciplinary teams in the case management of vulnerable people. Signposting to third sector groups and organisations to access various support as element of their care.

All staff had received training in and knew how to recognise signs of abuse in vulnerable adults and children. They were aware of their responsibilities regarding information sharing and the documentation of safeguarding concerns. Staff knew who the safeguarding lead was at the practice and who to contact with any concerns.

People experiencing poor mental health (including people with dementia)

Good

The practice is rated as good for providing services to people experiencing poor mental health (including people with dementia).

Analysis of data we held showed the percentage of patients experiencing poor mental health at the practice had received a comprehensive agreed care plan; this was 12% higher than the local and national averages within the 2013-2014 data we held. The practice worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.

The practice sign-posted patients experiencing poor mental health to access various support groups and voluntary organisations which

included cognitive behaviour therapy, crisis intervention, a be-friending service and the drug and alcohol team. Patients were directed to local charities, including 'MIND' and 'CRUSE', to provide more support.

One of the GP's at the practice has undertaken further training in substance misuse, and provided a service for patients with this need in the practice. Patients were assessed and stabilised on treatment by the substance misuse teams at secondary care (hospital), then care was transferred to the practice. The GP with further training continued to monitor, screen urine and prescribe for these patients. This avoided them having to undertake the long journeys by public transport to secondary care services.

The practice told us they had above average number of older patients which resulted in them having an above average number of patients with dementia. They screened patients for dementia using recognised clinical tools, and used a template on their surgery computer system for consistency. Patients with suspected dementia had screening blood tests and an electrocardiogram before being referred to the memory clinic at the hospital to confirm the diagnosis.

The practice looked after four residential care homes and one nursing home, with a total population of 229 patients. The majority of the residents had a diagnosis of dementia. Each home was allocated an individual practice GP, who visited regularly to provide continuity of care. A full review of these patients was carried out every six months.

The practice hosted 'Alzheimers.org' who provided one to one support to carers of dementia patients. They recognised that caring for people with dementia could be very demanding, and was often undertaken by people who were elderly and not in the best health. The practice understood that these carers required support from the practice and other organisations.

Patients in this population group who had attended accident and emergency (A&E) where they may have been experiencing poor mental health were followed up.

Summary of findings

What people who use the service say

The National GP Patient Survey results published on 4 July 2015 showed the practice was performing above local and national averages for the following responses. There were 109 responses from 268 surveys distributed giving a response rate of 40.7%.

- 87.5% of respondents found the receptionists at this surgery helpful compared with the CCG average of 87% and a national average of 87%.
- 88.5 % of respondents were able to get an appointment to see or speak to someone the last time they tried compared with the CCG average of **87%** and a national average of **85%**.
- 81.8 % of respondents usually waited 15 minutes or less after their appointment time to be seen compared with the CCG average of 74% and a national average of 65%.

The following responses showed the practice was performing below local or national averages for the following responses

- 65% of respondents found it easy to get through to this surgery by phone compared with the CCG average of 64.7% and a national average of 73%.
- 54.5 % of respondents with a preferred GP usually got to see or speak to that GP compared with the CCG average of 68% and a national average of 60%.
- 87 % of respondents said the last appointment they got was convenient compared with the CCG average of 93% and a national average of 92%.
- 71.8 % of respondents described their experience of making an appointment as good compared with the CCG average of 69.9% and a national average of 73.3%.
- 65.1 % of respondents felt they didn't normally have to wait too long to be seen compared with the CCG average of 57%and a national average of 57.7%.

As part of our inspection we also invited patients at the practice to complete CQC comment cards prior to our inspection. We received six comment cards which were positive about the care patients received, however three of them said they had problems with the phone or getting an appointment. Other comments included the reception staff being helpful, and the practice was always clean and tidy. On the day of our inspection we also spoke with 12 patients who gave their opinions with regards to the quality of the service provided to patients. Their comments were similar to those received on the comment cards and also told us their confidentiality was respected, they were provided enough time during appointments and that they would recommend the surgery to someone new living in the area.

We spoke with an independent community healthcare professional who worked with the practice and they told us they had an excellent working relationship with the GPs who referred patients to them. They told us the GPs maintained an interest in their patient's treatment and was always available to discuss patient's needs. The practice administrative staff members were also complimented for their hospitality and patient care.

The Elizabeth Courtauld Partnership

Detailed findings

Our inspection team

Our inspection team was led by:

Our inspection team was led by a CQC Lead Inspector and included a GP specialist adviser, a Practice Manager specialist advisor, and a Practice Nurse specialist advisor.

Background to The Elizabeth Courtauld Partnership

Elizabeth Courtauld Partnership provides GP services to approximately 16000 patients living in West Halstead, Essex. The practice holds a General Medical Services Contract (GMS) with the addition of enhanced services which included extended hours access, childhood vaccination and immunisation scheme, reducing unplanned admissions, and minor Surgery.

The practice has a team of seven GP partners, in addition two salaried GPs, two regular locum GPs, and two registrar GPs. The practice is a training practice and GP registrars are doctors training to be GPs. There are seven female GPs and six male GPs providing a choice of clinician gender. The nursing team comprises three nurse practitioners three nurses and two healthcare assistants. There are a team of 17 non-clinical, administrative, and reception staff members who share a range of roles, two secretaries, a practice manager and an assistant practice manager. The practice works closely with district nurses that share the same building and has access to midwives, palliative care nurses, social workers, health visitors, and therapists to provide care and treatment to their patient population.

The practice is open from 8.30am to 6.30pm Tuesday, Wednesday, Thursday, Friday, and from 8.30am to 8.20pm on Monday. The phone lines are closed daily between 8am to 8.30am and 1pm to 2pm, except for emergencies

The practice has opted out of providing GP services to patients outside of normal working hours such as evenings and weekends. Outside of practice opening hour's services are provided by '111' and 'Primecare' out-of-hours emergency and non-emergency treatment services. Details of how to access the out of hour's service is available within the practice, on the practice website, and in the practice leaflet.

Why we carried out this inspection

We carried out a comprehensive inspection of 'Elizabeth Courtauld Partnership' under section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. The comprehensive planned inspection was to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to provide a rating for the services under the Care Act 2014.

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.

Detailed findings

How we carried out this inspection

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 are provided for specific groups of people and what good care looks 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)

Before visiting, we reviewed a range of information that we hold about Elizabeth Courtauld Partnership and asked a healthcare professional to share what they knew. We carried out an announced visit on 20 October 2015. During the visit we spoke with a range of staff from the GPs, nurse practitioners, nurses; staff members working at reception, secretarial, administrative and management staff. We also spoke with patients and their carers who used the practice services. We viewed documents used to govern and treat patients at the practice and reviewed six comment cards where patients and members of the public shared their views and experiences of the practice.

Good

Are services safe?

Our findings

Safe track record and learning

Staff understood and fulfilled their responsibilities to raise concerns, and to report safety incidents. Information about safety was recorded, monitored and considered appropriately. Any changes needed to procedures or policies found during a review were acted on, recorded, and noted in in practice meeting minutes. The practice manager dealt with incidents or complaints received by the practice and staff members knew how these procedures were dealt with at the practice.

People affected by significant events received a timely communication from the practice stating the actions taken to resolve the issue and an apology, if this was appropriate. We saw the practice had carried out a review of safety incidents and risks for patients and staff to understand any trends, or recurrent themes.

We reviewed minutes of meetings where safety incidents and complaints were discussed; these showed that lessons learnt were shared to make sure action taken to improve safety in the practice was maintained. For example, a prescription for a medicine was delayed. The delay was investigated and the reason found. This highlighted a change to procedure for certain medicine requests that were used when a patient needed them and not at set predictable times to estimate the usage and required amounts.

Safety was monitored using information from a range of sources, including the National Institute for Health and Care Excellence (NICE) guidance. This enabled staff to understand risks and gave a clear, accurate and current picture of safety. Alerts from the medicines and healthcare products regulatory agency (MHRA) were received and acted upon and there was a practice procedure outlining the process.

Overview of safety systems and processes

The practice had systems, processes and procedures to keep people safe, these included:

- Arrangements in place to safeguard adults and children from abuse reflected relevant legislation and locally agreed requirements. These procedures were accessible to all staff. The procedures outlined who to contact for further guidance if staff had concerns about a patient's welfare. The GPs led on safeguarding and attended meetings when they could. Staff members demonstrated they understood their responsibilities and had received appropriate safeguarding training for their roles.
- A notice was displayed in the waiting room, advising patients that chaperones were available if required. All staff who acted as chaperones had been trained for the role and had received a disclosure and barring check (DBS). 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.
- There were procedures in place for monitoring and managing risks to patients and staff safety. There was a health and safety policy available for staff guidance and the up to date version of the Health and Safety Law Poster was displayed in a prominent position. The practice had an up to date fire risk assessment, and fire equipment had been checked and a record of fire drill rehearsals were maintained. These drills ensured staff knew how to act and keep people safe in the event of a fire.
- We were shown evidence that all electrical equipment was checked to ensure it was safe to use. We also saw clinical equipment was checked by an accredited company to ensure it was working properly. The practice had a variety of other assessments in place to monitor the safety of the premises such as the control of substances hazardous to health, and infection control.
- Appropriate standards of cleanliness and hygiene were followed. We saw the practice premises were visibly clean and tidy. The infection control lead had received extra training to ensure they were current with best practice procedures. Annual infection control audits were undertaken and we saw evidence that actions when required had been carried out. There was an infection control policy in place and staff had received update training. During our inspection we saw reception staff followed the practice policy to use a box to accept patient specimens for the laboratory.
- The arrangements for managing medicines included emergency drugs, and vaccinations. The practice kept patients safe by following the policy relating to obtaining, prescribing, recording, handling, and the secure storage of medicines. Regular medication audits

Good

Are services safe?

were carried out by the practice to check they were prescribing in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there was a record kept to monitor their use.

- Recruitment checks were carried out and the seven staff files we reviewed showed that appropriate recruitment checks had been undertaken prior to employment. For example, proof of identification, references, qualifications, registration with the appropriate professional body and the appropriate checks through the Disclosure and Barring Service (DBS) when needed.
- The practice manager monitored the arrangements in place to ensure that enough staff members were on duty daily to meet patients' needs.

Arrangements to deal with emergencies and major incidents

There was an instant messaging system on the computers in all the consultation treatment rooms and administration areas of the practice which alerted staff to any emergency that arose. 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 defibrillator delivers a therapeutic dose of electrical energy to the heart; this allows a normal heart rhythm to be re-established. There was also a first aid kit and accident book available. Emergency medicines were easily accessible to staff in a secure area of the treatment room and staff knew the location. All the medicines we checked were in date and safe for use.

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

Good

Are services effective?

(for example, treatment is effective)

Our findings

Effective needs assessment

The practice carried out assessments and treatments 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 ensure all clinical staff members were kept up to date. The practice had access to guidelines from NICE and used this information to develop care and treatment plans to be delivered for patient needs. During weekly clinical meetings the practice partners used the time to learn and discuss their patients.

Management, monitoring and improving outcomes for people

The practice participated in the Quality and Outcomes Framework (QOF). (This is a system intended to improve the quality of general practice and reward good practice). The practice used the information collected for the QOF and performance against national screening programmes to monitor outcomes for patients. This practice was not an outlier for any QOF (or other national) clinical targets. Overall QOF exception reporting for the practice was higher than the national average. The QOF system includes the concept of 'exception reporting' to ensure that practices are not penalised where, for example, patients do not attend for review, or where a medication cannot be prescribed due to a contraindication or side-effect. We asked why the practice exception rate reporting was higher than the national average. The practice told us they had a larger than average elderly population, thus they had a larger than average number of patients who were living with dementia, and felt this had impacted on their higher reporting rate.

QOF data from 2013-2014 showed the following results were below national average;

- The percentage of patients on the diabetes register, with a record of a foot examination and risk classification within the preceding 12 months was 78.25% and the national average was 88.35%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding nine months was 150/90mmHg or less was 80.72% and the national average was 83.11%.

QOF data from 2013-2014 showed the following results were above national average

- The percentage of patients with schizophrenia, bipolar affective disorder and other psychoses who have a comprehensive, agreed care plan documented in the record, in the preceding 12 months was 98.21% and the national average was 86.04%.
- The percentage of patients diagnosed with dementia whose care has been reviewed in a face-to-face review in the preceding 12 months was 87.5% and the national average was 83.82%.

Clinical audits were carried out to demonstrate quality improvement and all relevant staff members were involved in improving care and treatment and people's outcomes. We were shown three clinical audits completed in the last two years, these were completed audit cycles that showed improvements to treatment had been identified, were implemented, and monitored. The practice participated in local medicines management team audits, national benchmarking, accreditation, peer review and research. Findings were used by the practice to improve patient outcomes. For example, a recent re-audit showed; patients identified as having a certain diagnosis that had not been prescribed medicine in line with national guidance. The audit showed that the patients that had not been prescribed the medicine were unsuitable to receive it; however this had not been recorded as an exception correctly. The outcome was to correct this and ensure correct recording for the future.

Effective staffing

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

- The practice had an induction programme for newly appointed members of staff that covered learning in safeguarding, fire safety, health and safety and patient confidentiality.
- The learning needs of staff were identified through their appraisals, and practice meetings.
- Staff had access to appropriate training to meet their learning needs and to cover the range of their work. This

included ongoing support at practice, clinical supervision, facilitation, and support for the revalidation of doctors. All staff records seen showed staff had received an appraisal within the last 12 months.

- Longer serving staff members had also received training that included: safeguarding, fire procedures, basic life support and patient confidentiality awareness.

As the practice was a training practice, the registrar doctors who were training to be qualified GPs had longer appointments and had access to a senior GP throughout the day for supervision and support. We received positive feedback from the trainees we spoke with regarding the training they were provided.

Coordinating patient care and information sharing

The information needed to plan and deliver care and treatment was available to the relevant staff members and accessible through the computer patient record system and the practice intranet system. This included treatment plans, medical history, records of communications from other healthcare providers and test results. Information such as NHS patient information leaflets were also available. All relevant information was shared with other services in a timely way, for example referrals to secondary and community services.

Staff worked together with other health and social care services to understand and meet the complexities of patients' care and treatment needs. Multidisciplinary work through weekly meetings with district nurses and monthly meetings with palliative care, district nurses, and social care, included on-going care and treatment planning. This assured the practice when patients moved between services that they were tracked and followed-up.

Consent to care and treatment

Patients' consent to care and treatment was always sought in line with the practice policy, legislation and guidance. Staff understood the relevance of consent and decision-making requirements and their guidance included the Mental Capacity Act 2005. Staff members spoke with us regarding their understanding of Gillick judgement guidance. Gillick judgement is used to help assess whether a child has the maturity to make their own decisions and to understand the implications of those decisions. Where a patient's mental capacity to consent to care or treatment was unclear the GP or nurse assessed the patient's capacity and, where appropriate, recorded the outcome of that assessment.

Health promotion and prevention

Patients who were in need of extra support were identified and offered health promotion information and preventative treatments on an opportunistic basis. These included patients in the last 12 months of their lives, their carer's, those at risk of developing a long-term condition, those requiring advice on their diet, smoking or alcohol cessation. Patients were signposted to a variety of services that were relevant for their needs and these services were promoted in the waiting room in leaflets for patients to access.

The percentage of women aged 25 to 64 years whose notes record that a cervical screening test had been performed in the preceding five years from data collected relating to 2013-2014 was 79.37% compared to the national average of 81.88%. There was a practice process to offer patients telephone reminders for those who did not attend for their cervical screening test. The practice also encouraged its patients to attend national screening programmes for bowel and breast cancer screening and these were also promoted on the notice board in the waiting room.

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 98.2% to 99.4% and five year olds from 92.3%% to 98.9%. Flu vaccination rates for people with diabetes, who had influenza immunisation in the preceding 01 September to 31 March 2014, were 99.8% and this was above the national averages of 93.46%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients, senior health checks, assessments for those patients that had not attended the practice for five years. The practice followed up on any outcomes, abnormalities or risk factors identified during these checks.

Good

Are services caring?

Our findings

Respect, dignity, compassion and empathy

We observed throughout the inspection day that members of staff were polite, responsive and helpful to patients both when arriving at the reception desk and when they spoke on the telephone. We saw staff members also treated people with dignity and respect and respected their privacy. Curtains were provided in consulting rooms so that patients' privacy and dignity was maintained during examinations, investigations and treatments. We noted that consultation and treatment room doors were closed during consultations and that the 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 privacy to discuss their needs. This service was identified on a notice in the waiting room.

All six patient CQC comment cards we received were positive about the caring and treatment aspects of the practice service, however some patients experienced issues with the phone system and getting an appointment. The 12 patients spoke with said they felt the practice offered an excellent service and staff were extremely helpful, caring, and treated them with dignity and respect.

Results from the National GP Patient Survey published in July 2015 showed patients were positive with the manner in which they were treated compared to the average for CCG and national percentages. For example:

- 85.9% said the GP was good at listening to them compared to the CCG average of 83%and national average of 89%.
- 95.8 % said the GP gave them enough time compared to the CCG average of 83% and national average of 89%.
- 95.5 % said they had confidence and trust in the last GP they saw compared to the CCG average of 94% and national average of 95%.
- 79.6 % said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 80% and national average of 85%.
- 95.2 % 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%.
- 87.5 %patients said they found the receptionists at the practice helpful compared to the CCG average of 87% and national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients we spoke with told us that health issues were discussed with them and they felt involved in the decision making process about the care and treatment they received. They also told us they felt listened to and supported by staff and given sufficient time during consultations to make an informed decision about the choice of treatment(s) available to them. Patient feedback on the comment cards we received was also positive and supported these opinions. The GPs told us they used the feedback from their patient participation group (PPG) to improve their service provision. A PPG is a group of patients registered with a practice who work with that practice to improve services and patient quality of care.

Results from the National GP Patient Survey published in July 2015 showed patients responded positively to questions about their being involvement in planning and making decisions about their care and treatment. The data showed the practice results were much higher in comparison with the local CCG or nationally.

For example:

- 94.8% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 81% and national average of 86%.
- 87.5% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and national average of 81%.

Staff told us that translation services were available for patients who did not have English as a first language. There was a notice available in the reception area informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

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

The practice computer system alerted GPs if a patient was also a carer. The practice held a register of all those people who were carers, and offered them health checks and a

Good

Are services caring?

referral for social services support. Written information and pamphlets were available for carers to ensure they understood the various avenues of support available to them.

The practice manager told us that if families had suffered bereavement, the GP visited them to provide personal comfort or offered an appointment. There was advice and information in the waiting room about how to find a support service.

Good

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The GPs worked closely with the local Clinical Commissioning Group (CCG) to plan local services and to improve outcomes for patients in the area. One of the senior partners at the practice was the clinical lead at the (CCG). Services at the practice were discussed and designed to provide for the different patient groups and to help provide choice, and continuity of care. For example;

- There were longer appointments available for older people, and those with a learning disability or dementia.
- Home visits were available for older patients and those who would benefit from these.
- Urgent access appointments were available for children and those with serious medical conditions.
- The GPs at the practice visited the local Community Hospital twice a day to treat and prescribe for the in-patients referred to the ward staying in the community led beds. They visited and treated all the patients in the community led beds at the hospital including those not registered at their practice.
- The practice healthcare assistant (HCA) provided a free GP referred nail clipping service for patients. The practice had investigated the need and the alternative local was expensive for many older people.
- One of the GPs at the practice had undertaken further training in substance misuse, and provided a service for patients with this need in the practice. Patients were assessed and stabilised on treatment by the substance misuse teams at secondary care (hospital), then care was transferred to the practice. The GP with further training continued to monitor, screen urine and prescribe for these patients. This avoided them having to undertake the long journeys by public transport to secondary care services.
- A hearing loop was available within the practice for those patients with hearing loss.
- There were accessible facilities including consultation rooms and treatment rooms on the ground floor, a lift and sufficient space for pushchairs, prams or wheelchairs within the waiting room.
- Online appointment booking, and prescription ordering was available for patients.
- The practice worked closely with multidisciplinary teams to improve the quality of the services provided to vulnerable and palliative patients. Meetings were minuted and their care was discussed and recorded into patient records.

Access to the service

The practice was open from 8.30am to 6.30pm Tuesday, Wednesdays, Thursday, Friday, and 8.30am to 8.20pm on Mondays.

Outside of these hours, GP services are accessed by phoning the NHS 111 service. The Out of Hour's (OOH) service delivery for this practice population is provided by 'Primecare' when the practice was closed.

Results from the National GP Patient Survey published in July 2015 showed that patient satisfaction with how they could access care and treatment was above or comparable with local or national averages and people we spoke to on the day were able to get appointments when they needed them.

For example:

- 81.9 % of patients were satisfied with the practice's opening hours compared to the CCG average of 71.4% and national average of 75%.
- 65 % patients said they could get through easily to the surgery by phone compared to the CCG average of 64.7 % and national average of 73%.
- 71.8% patients described their experience of making an appointment as good compared to the CCG average of 69.9% and national average of 73%.
- 81.8% patients said they usually waited 15 minutes or less after their appointment time compared to the CCG average of 63.6% and national average of 64.8%.

Listening and learning from concerns and complaints

The practice recorded and reviewed compliments, complaints, and concerns it received. The complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England. The practice manager was the designated responsible person to handle all complaints at the practice. We noted they were received and dealt with in a timely fashion and within their own policy stated timescales.

We saw there was information available to assist patients to understand the practice complaints procedure. We saw

Good

Are services responsive to people's needs?

(for example, to feedback?)

the practice had received 17 complaints in the last two years. The practice reviewed their complaints annually to ensure there were no common themes or trends. The documented complaints showed that lessons were learnt from any concerns and complaints and action was taken to improve the quality of care for patients. Patients we spoke with told us they would ask at reception if they had any concerns or complaints or write to the practice manager. Staff members were aware of the complaints procedure and could support and advise patients. The complaints procedure was published in the practice leaflet, and on the practice website, it gave further contact details for patients unhappy with their complaint resolution.

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 gave us their vision and strategy which outlined their aim to deliver high quality care and promote good outcomes for patients. The practice had a practice charter which staff knew and, understood this was also in the practice leaflet and published on the website. The practice had a robust strategy and supporting business continuity plan. The GPs were positive about the involvement of their well-established patient participation group. They asked them to be active critical friends and provide an opinion to the practices proposals.

Governance arrangements

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

- There was a clear staffing structure and staff members were aware of their own roles and responsibilities.
- Practice specific policies were implemented and available to all staff for guidance.
- The practice understood its performance which was discussed at staff practice meetings.
- 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 patient safety, and effectiveness issues, and the practice could evidence implementation of mitigating actions within risk assessments.

Leadership, openness and transparency

The GPs at 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 GPs working at the practice were visible and staff told us they were approachable and always took the time to listen to them. The GPs encouraged a culture of openness and honesty, and staff told us they enjoyed working there.

Staff told us that regular team meetings were held and they had the opportunity to raise any issues and felt supported and confident to do so. Staff said they felt respected, valued and supported, particularly by the practice manager at the practice. All staff members were involved in discussions about how to run and develop the practice. The GPs encouraged 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 gained patients' feedback through the friends and family test (FFT), the NHS Choices website, and the national patient survey. Feedback from each of these sources showed the practice scored similar to national averages in patient satisfaction. The PPG told us they were keen to support the practice improve practice service. They were in the process of raising money for future practice improvements.

The practice had also gathered feedback from staff through staff meetings, appraisals and ad hoc discussions. Staff told us they would not hesitate to give feedback or discuss any concerns, or issues, with colleagues or the practice manager or GPs. Staff told us they felt in developing improvements for the practice.

Innovation

There was a focus on continuous learning and improvement at all levels within the practice. The GPs were aware of future challenges for the practice in the local area, and had an action plan formulated with the PPG in response to their views. For example; the introduction of a 'Well Woman' clinic, a weighing chair, more morning appointments, answer phones more quickly, and re-arrangement of the waiting room chairs.