

Dr Biju Kuriakose

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?

Outstanding 

Are services caring?

Good 

Are services responsive to people's needs?

Good 

Are services well-led?

Good 

Summary of findings

Contents

Summary of this inspection

	Page
Overall summary	2
The five questions we ask and what we found	4
The six population groups and what we found	8
What people who use the service say	12
Areas for improvement	12
Outstanding practice	12

Detailed findings from this inspection

Our inspection team	13
Background to Dr Biju Kuriakose	13
Why we carried out this inspection	13
How we carried out this inspection	13
Detailed findings	15

Overall summary

Letter from the Chief Inspector of General Practice

We carried out an announced comprehensive inspection at Dr Biju Kuriakose on 18 February 2016. Overall the practice is rated as good.

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

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses. All opportunities for learning from internal and external incidents were maximised and discussed on a weekly basis.
- The practice used innovative and proactive methods to improve patient outcomes, working with other local providers to share best practice. For example, the GPs provided joint visits with the palliative care team to patient's homes to improve patient care.
- Feedback from patients, staff and external organisations about the care provided was

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

- The practice worked closely with other organisations and with the local community in planning how services were provided to ensure that they meet patients' needs. The practice regularly engaged with NHS England Area Team and Clinical Commissioning Group (CCG).
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. For example, following patient feedback the extended hours were altered to suit patient demand.
- 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. There were weekly tutorials and clinical meetings to discuss guidelines, the impact on patients and actions to be taken.

Summary of findings

- Information about services and how to complain was widely available and easy to understand.
- The practice had good facilities and was well equipped to treat patients and meet their needs.
- The provider was aware of and complied with the requirements of the Duty of Candour. Openness and transparency was promoted within the practice.
- The practice had a vision which had patient care as its top priority.

We saw several areas of outstanding practice including:

- A project to educate patients on A&E attendance which resulted in a 74% decrease in visits.
- An early detection test for deep vein thrombosis to reduce unnecessary referrals.

- The practice had won several awards including Primary Educator of the Year 2015 for the East of England.

However there were areas where the provider should make improvements:

- Conduct fire drills at the required intervals.

Professor Steve Field CBE FRCP FFPH FRCGP

Chief Inspector of General Practice

Professor Steve Field (CBE FRCP FFPH FRCGP)

Chief Inspector of General Practice

Summary of findings

The five questions we ask and what we found

We always ask the following five questions of services.

Are services safe?

The practice is rated as good for providing safe services.

Good



- There was an effective system in place for reporting and recording significant events, significant events were recorded in detail and discussed at weekly clinical meetings.
- Lessons were shared to make sure action was taken to improve safety in the practice.
- When there were unintended or unexpected safety incidents, patients received reasonable support, and 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.
- The practice had a wide range of emergency equipment and medicines which were easily accessible and all staff knew if their location.
- The practice had a cold chain policy in place and medicines were kept in accordance with guidelines
- There was an infection control lead who had received training and infection control audits had been carried out.
- Risks to patients were assessed and well managed.

Are services effective?

The practice is rated as outstanding for providing effective services.

Outstanding



- Our findings at inspection showed that systems were in place to ensure that all clinicians were up to date with both National Institute for Health and Care Excellence (NICE) guidelines and other locally agreed guidelines. These were discussed on a weekly basis at clinical meetings and tutorials.
- We also saw evidence to confirm that these guidelines were positively influencing and improving practice and outcomes for patients. GPs would present the guidelines and discuss the impact on individual patients within the practice, their treatment was then amended as appropriate.
- Data showed that the practice was performing well when compared to practices nationally and in the Clinical Commissioning Group. The practice had scored 100% of the available points within the Quality and Outcomes Framework, with exception reporting of 5%.

Summary of findings

- The practice used innovative and proactive methods to improve patient outcomes, for example the practice offered 24 hour blood pressure and cardiac monitoring as well as early tests for the diagnosis of deep vein thrombosis. This had reduced cardiology referrals as well as unnecessary referrals for deep vein thrombosis.
- There was evidence of on-going clinical audits which demonstrated quality improvement.
- The practice worked with other local providers including palliative care nurses who gave very positive feedback and told us how this helped deliver the best possible care to patients.
- 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. These meetings were recorded and patient records were updated.

Are services caring?

The practice is rated as good for providing caring services.

Good



- Data from the national GP patient survey showed patients rated the practice higher than others for several aspects of care, 79% of patients would recommend this practice to someone new in the area, this was higher than the local average of 75% and the national average of 78%.
- All feedback we received from the staff, trainees, patient participation group, patients and an external organisation about their care and treatment was consistently very positive.
- We observed a strong patient-centred culture and clinical and no-clinical staff demonstrated this.
- Staff were motivated and inspired to offer kind and compassionate care and worked to overcome obstacles to achieving this. We witnessed non-clinical and clinical staff work together to overcome a problem and offer the best possible outcome to a patient who benefited greatly from the practice approach.
- We found many positive examples to demonstrate how patient's choices and preferences were valued and acted on; there were several examples of changes made following patient feedback.
- Information for patients about the services available was easy to understand and accessible.
- Views of external stakeholders were very positive and aligned with our findings.

Summary of findings

Are services responsive to people's needs?

The practice is rated as good for providing responsive services.

Good



- The practice worked closely with other organisations including the NHS England Area Team and Clinical Commissioning Group (CCG) and with the local community in planning how services were provided to ensure that they meet patients' needs. There was evidence of joint visits with the GPs and the palliative care team to enhance patient care. The practice had also been recognised by the CCG for its proactive approach to flu immunisation.
- The practice implemented suggestions for improvements and made changes to the way it delivered services as a consequence of feedback from patients and from the patient participation group. The practice sought feedback in many different ways including patient surveys, the patient participation group, social media, NHS Family and Friends test and NHS choices. Feedback was regularly acted upon, for example a change to the extended hours, the enhanced use of online services and the use of telephone appointments.
- The practice operated a dedicated nurse telephone helpline to assist patients in getting advice.
- Patients could access appointments and services in a way and at a time that suited them. The practice offered extended hours and were also members of the local GP alliance which offered patients evening and weekend appointments at an alternative location.
- The practice had good facilities and was well equipped to treat patients and meet their needs.

Information about how to complain was available in several areas of the practice and was easy to understand. The practice received very few complaints but when they did, they responded quickly. Learning from complaints was shared with staff and other stakeholders; this was a standing item on the agenda for weekly clinical meetings.

Are services well-led?

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

Good



- The practice had a vision to deliver high quality care and promote good outcomes for patients; all staff were clear about this vision.
- 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.

Summary of findings

- High standards were promoted and owned by all practice staff and teams worked together across all roles. This was evidenced in their high QOF scores which had been achieved by having a team approach and excellent communication.
- There was a 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, patient surveys had been carried out and the practice used social media to enhance opportunities for feedback. Staff had received appraisals and felt they had the opportunity to discuss any concerns they may have.

There was a strong focus on continuous learning and improvement at all levels, the practice staff were very passionate about training and offering all staff the opportunity to enhance their skills.

Summary of findings

The six population groups and what we found

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

Older people

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

The practice offered proactive, personalised care to meet the needs of the older people in its population.

- The practice was responsive to the needs of older people, and offered home visits and urgent appointments for those with enhanced needs.
- Flu vaccinations were offered at home for patients who were unable to get to the surgery. The practice had been recognised by the CCG for their flu vaccination program.
- Nationally reported data showed that outcomes for patients for conditions commonly found in older people were good, for example 93% of patients with COPD had a review undertaken including an assessment of breathlessness using the Medical Research Council dyspnoea scale in the preceding 12 months (01/04/2014 to 31/03/2015) which was higher than the national average of 90%

Good



People with long term conditions

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

- Staff had lead roles in chronic disease management and patients at risk of hospital admission were identified as a priority using a risk stratification tool.
- The practice performed better than national averages for all the diabetes indicators within the Quality and Outcomes Framework.
- Longer appointments and home visits were available when needed.
- The practice provided joint visits with the palliative care team, we received very positive feedback from the palliative care nurse who told us the joint visits improved patient care and communication between care providers.
- 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.

Good



Summary of findings

- 73% of patients diagnosed with asthma, on the register, who had an asthma review in the preceding 12 months that includes an assessment of asthma control using the 3 RCP questions (01/04/2014 to 31/03/2015) which was comparable to the national average of 75%.

Families, children and young people

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

- 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 people who had a high number of A&E attendances. A project had been undertaken to educate patients and this had reduced A&E attendances.
- Patients told us that children and young people were treated in an age-appropriate way and were recognised as individuals, and we saw evidence to confirm this.
- Most child immunisation rates were high achieving 100% in most areas.
- Appointments were available outside of school hours and the premises were suitable for children and babies.

Good



Working age people (including those recently retired and students)

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

- The needs of the working age population, those recently retired and students had been identified and the practice had adjusted the services it offered to ensure these were accessible, flexible and offered continuity of care.
- The practice was very proactive in offering online services; we received very positive feedback regarding the practice website. The practice used an online service to enable patients to contact the GP with their medical concerns, the patients would get a response within 24 hours. The practice also utilised social media as a form of communication.
- The practice was part of the local GP alliance which offered patients weekend and evening appointments at an alternative location.
- The practice offered a full range of health promotion and screening that reflects the needs for this age group.

Good



Summary of findings

- 95% of women aged 25 to 64 years old had notes recording a cervical screening test performed in the preceding five years (01/04/2014 to 31/03/2015) which was higher than the national average of 82%.

People whose circumstances may make them vulnerable

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

Good



- The practice held a register of patients living in vulnerable circumstances including travellers and those with a learning disability.
- The practice offered longer appointments for patients with a learning disability, including 30 minutes for health checks.
- The practice regularly worked with multi-disciplinary teams in the case management of vulnerable people.
- The practice informed vulnerable patients about how to access various support groups and voluntary organisations.
- Staff knew how to recognise signs of abuse in vulnerable adults and children. Staff were aware of their responsibilities regarding information sharing, documentation of safeguarding concerns and how to contact relevant agencies in normal working hours and out of hours.
- The practice provided facilities for a counselling service which was available to its patients.

People experiencing poor mental health (including people with dementia)

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

Good



- The practice scored higher than the national average for all the mental health indicators within the Quality and Outcomes Framework. For example, 92
- The practice regularly worked with multi-disciplinary teams in the case management of people experiencing poor mental health, including those with dementia.
- The practice carried out advance care planning for patients with dementia.
- The practice had told patients experiencing poor mental health about how to access various support groups and voluntary organisations including the Dementia Intensive Support Team.
- The practice enabled an external counselling service to use the practice premises to operate at no cost, this service was open to all patients at the practice

Summary of findings

- 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.

Summary of findings

What people who use the service say

The national GP patient survey results were published in January 2016. The results showed the practice was performing in line with or above local and national averages. 238 survey forms were distributed and 130 were returned. This represented a 55% completion rate.

- 70% found it easy to get through to this surgery by phone compared to a CCG average of 69% and a national average of 73%.
- 90% were able to get an appointment to see or speak to someone the last time they tried compared to a CCG average of 85% and a national average of 85%.
- 87% described the overall experience of their GP surgery as fairly good or very good compared to a CCG average of 84% and a national average of 85%.

- 79% said they would definitely or probably recommend their GP surgery to someone who has just moved to the local area compared to a CCG average of 75% and a national average of 78%.

As part of our inspection we also asked for CQC comment cards to be completed by patients prior to our inspection. We received 44 comment cards which were all very positive about the standard of care received, about staff, access to appointments and about being cared for with dignity and respect.

We spoke with five patients during the inspection. All five patients said they were happy with the care they received and commended all clinical and non-clinical staff on being approachable, committed and caring.

Areas for improvement

Action the service **SHOULD** take to improve

- Conduct fire drills at the required intervals.

Outstanding practice

- A project to educate patients on A&E attendance which resulted in a 74% reduction in the rate of patients attending A&E more than twice.
- An early detection test for deep vein thrombosis to reduce unnecessary referrals.
- The practice had won several awards including Primary Educator of the Year 2015 for the East of England.

Dr Biju Kuriakose

Detailed findings

Our inspection team

Our inspection team was led by:

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

Background to Dr Biju Kuriakose

Dr Biju Kuriakose, also known as Greensward Surgery, is located in Hockley, Essex. At the time of our inspection, the practice had a list size of approximately 5800 patients and their list was open. The practice had a larger than average population group aged 40 years and over and a smaller than average population group aged below 40 years old.

- The practice had a lead GP and two salaried GPs supported by three trainee GPs.
- The nursing team comprised of two practice nurses and a healthcare assistant.
- The practice team comprised of a practice manager, three administrators and a team of six reception staff.
- The practice is a training practice for GPs.

The practice is located in a purpose built building in a residential area with on-site parking available, including dedicated parking bays for the disabled and access to the premises for wheelchair users.

The practice is open on Mondays to Fridays from 8am to 6.30pm, with extended hours on Fridays to 7.30pm.

Appointments are available from 9am to 12pm daily, from 3pm to 6pm Monday to Thursday and from 3pm to 7.30pm on Fridays.

Weekend and evening appointments are also available through the local GP Alliance at an alternative location.

When the practice is closed patients are signposted to out of hours services by calling 111. Out of hours care is provided by IC24.

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

We carried out an announced visit on 18 February 2016. During our visit we:

- Spoke with a range of staff, including GPs, nurses, a healthcare assistant, the practice manager, administrative and reception staff. We also spoke with patients who used the service.

Detailed findings

- We spoke with a palliative care nurse specialist from South Essex Partnership Trust who worked with the practice to care for some of their patients.
- Observed how patients were being cared for.
- Reviewed comment cards where patients and members of the public shared their views and experiences of the service.

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

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

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

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

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

Are services safe?

Our findings

Safe track record and learning

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

- Staff told us they would inform the practice manager of any incidents and there was a recording form available on the practice's computer system.
- The practice carried out a thorough analysis of the significant events.
- The significant event analysis was shared with staff who signed to acknowledge they had read and understood the details.
- Significant events were a standing item on clinical meeting agendas.

We reviewed safety records, 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. These topics were standing items on meeting agendas to ensure they were shared, discussed and learnt from.

When there were unintended or unexpected safety incidents, patients received reasonable support and 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 that reflected relevant legislation and local requirements and policies were accessible to all staff. Details were available to all staff with regards to who to contact for further guidance if staff had concerns about a patient's welfare. There was a lead GP for safeguarding and staff we spoke to knew who the lead was. The GPs attended safeguarding meetings when possible and always provided reports

where necessary for other agencies. Staff demonstrated they understood their responsibilities and had received training relevant to their role. Staff were trained to an appropriate level in safeguarding.

- A notice in the waiting room advised patients that chaperones were available if required. At the time of inspection, only clinical staff who had been trained/ and had received a Disclosure and Barring Service check (DBS check) were undertaking chaperone duties. Non-clinical staff had received chaperone training but were awaiting DBS checks prior to undertaking chaperone duties. (DBS checks identify whether a person has a criminal record or is on an official list of people barred from working in roles where they may have contact with children or adults who may be vulnerable).
- The practice maintained appropriate standards of cleanliness and hygiene. We observed the premises to be visibly clean and tidy and cleaning schedules were available. The practice manager was the infection control lead who had received appropriate training. There was an infection control protocol in place and staff had received training. Annual infection control audits were undertaken and we saw evidence that action was taken to address any improvements identified as a result.
- The arrangements for managing medicines, including emergency medicines and vaccinations, in the practice kept patients safe (including obtaining, prescribing, recording, handling, storing and security). The practice carried out regular medicines audits, with the support of the local CCG medicines management teams, to ensure prescribing was in line with best practice guidelines for safe prescribing. Prescription pads were securely stored and there were systems in place to monitor their use. Patient Group Directions had been adopted by the practice to allow nurses to administer medicines in line with legislation, these were signed and in date.
- There was a cold-chain policy in place for the safe storage of vaccines, this policy was being followed.
- We reviewed six 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 (DBS check).

Are services safe?

Monitoring risks to patients

Risks to patients were generally assessed and well managed.

- There were policies and procedures in place for monitoring and managing risks to patient and staff safety. There was a health and safety policy in place and a risk assessment was carried out. The practice had a fire risk assessments completed in 2013 and their firefighting equipment was inspected annually but there was no record of any fire drills. All electrical equipment was checked to ensure the equipment was safe to use and clinical equipment was checked to ensure it was working properly. The practice had a legionella risk assessment in place (Legionella is a term for a particular bacterium which can contaminate water systems in buildings).
- Arrangements were in place for planning and monitoring the number of staff and mix of staff needed to meet patients' needs. There was a rota system in place for all the different staffing groups to ensure that enough staff were on duty.

Arrangements to deal with emergencies and major incidents

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

- There was an instant messaging system on the computers in all the consultation and treatment rooms which alerted staff to any emergency and staff were aware of what actions to take.
- All clinical staff had recently received basic life support training and non-clinical staff had received basic life support training within the last three years. There were emergency medicines available in the treatment room.
- The practice had a defibrillator available on the premises and oxygen with adult and children's masks. A first aid kit and accident book were available.
- Emergency equipment and medicines were easily accessible to staff in a secure area of the practice and all staff knew of their location. There was a system in place for checking these medicines and 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 that met peoples' needs.
- These guidelines were discussed by clinical staff at weekly tutorials.
- The practice monitored that these guidelines were followed through audits and random sample checks of patient records.

Management, monitoring and improving outcomes for people

The practice used the information collected for the Quality and Outcomes Framework (QOF) and performance against national screening programmes to monitor outcomes for patients. (QOF is a system intended to improve the quality of general practice and reward good practice). The most recent published results were 100% of the total number of points available, with 5% exception reporting, which is below the national average of 9.2%. (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 published in October 2015 for the year 2014/2015 showed;

- Performance for diabetes related indicators was better than the national average. For example, 93% of patients on the diabetes register, had a record of a foot examination and risk classification within the preceding 12 months (01/04/2014 to 31/03/2015), this was higher than the national average of 88%.
- The percentage of patients with hypertension in whom the last blood pressure reading measured in the preceding 12 months was 150/90 mmHg or less (01/04/2014 to 31/03/2015) was 90%, this was higher than the national average of 84%.

- Performance for mental health related indicators was better than the national averages. For example, 92% of patients diagnosed with dementia whose care had been reviewed in a face to face review in the preceding 12 months (01/04/2014 to 31/03/2015), this was higher than the national average of 84%.

QOF performance overall was very good. We were told by staff that the practice had a team approach to achieve this and had consistently high performance over a number of years. In the previous year, the practice had also achieved 100% of the points available to them.

Clinical audits demonstrated quality improvement.

The practice provided additional services including 24 hour blood pressure and cardiac monitoring in an attempt to reduce hospital referrals and data showed this had been successful; there had been 42 cardiology referrals in the year prior to introducing 24 hour monitoring and 35 referrals in the year after. The practice also offered an early detection test for deep vein thrombosis to avoid unnecessary referrals or investigations.

- There had been six clinical audits undertaken in the last three years, three 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 were very proactive in auditing, identifying and treating atrial fibrillation (irregular heart rhythm). An ongoing audit cycle had been undertaken for the last seven years. Regular audits, proactive pulse checks and good communication with patients had resulted in a higher than average prevalence due to proactive diagnosis and a 100% QOF score for the relevant indicator.

The practice recorded the lowest A&E attendance rate in the CCG for 2014/2015. In 2014 the practice undertook an initiative to educate patients on how to avoid A&E attendance. After 133 patients were contacted and given advice by the practice, data showed a 74% reduction in the rate of patients attending more than twice in the group contacted compared to a group who were not contacted.

Effective staffing



Are services effective?

(for example, treatment is effective)

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

- The practice had an induction programme for all newly appointed staff. It covered such topics as safeguarding, infection prevention and control, fire safety, health and safety and confidentiality.
- The practice could demonstrate how they ensured role-specific training and updating for relevant staff for example, for those reviewing patients with dementia. Staff administering vaccinations and taking samples for the cervical screening programme had received specific training which had included an assessment of competence. Staff who administered vaccinations 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 clinical meetings and at peer reviews.
- 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 during sessions, one-to-one meetings, appraisals, coaching and mentoring, clinical supervision and facilitation and support for revalidating GPs. There were also regular tutorials to discuss lessons learnt and training needs. There was an appraisal system in place for all staff.
- Staff received training that included safeguarding, 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. Patients we spoke to also commended the practice for being efficient when referring patients.

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 that multi-disciplinary team meetings took place on a monthly basis and that care plans were routinely reviewed and updated. When we spoke to the palliative care team, we were told the practice was very proactive and effective in providing multi-disciplinary care.

Consent to care and treatment

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

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

Supporting patients to live healthier lives

The practice identified patients who may be in need of extra support using risk stratification tools.

- 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 patients with learning disabilities. Patients were then signposted to the relevant service.
- The practice worked very closely with the palliative care teams and often arranged joint visits to promote



Are services effective? (for example, treatment is effective)

inter-agency working in order to improve patient care. We spoke to a palliative care nurse who worked alongside the surgery, we were told that the practice was very proactive in providing this care to patients and that joint visits provided the best standard of care and had received very positive feedback from patients.

- Smoking cessation advice was available from the nursing team and an opportunity to offer this was taken with all new health checks.
- Dietary advice was available from a local support group, again this was offered at new health checks or when required.

The practice's uptake for the cervical screening programme was 95%, which was higher than the national average of 82%. There was a policy to offer written reminders for

patients 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.

Childhood immunisation rates for the vaccinations given were very high in comparison to CCG averages; most childhood immunisation rates were 100%.

Patients had access to appropriate health assessments and checks. These included health checks for new patients and NHS health checks for people aged 40–74. These were very thorough and included blood tests, pulse checks to help identify atrial fibrillation and signposting for smoking, alcohol and dietary advice. 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 clinical and non-clinical staff were courteous and very helpful to patients and treated them with dignity and respect.

- Curtains were provided in consulting rooms to maintain patients' privacy and dignity during examinations, investigations and treatments.
- We noted that consultation and treatment room doors were closed during consultations; conversations taking place in these rooms could not be overheard.
- The reception desk had screens to protect confidentiality, there was also a sign asking patients to stand away from the desk until called forward.
- Reception staff knew when patients wanted to discuss sensitive issues or appeared distressed they could offer them a private room to discuss their needs.
- Having had medical emergencies in the waiting room in the past, non-clinical staff had a systematic approach and adapted quickly to prevent patients becoming distressed

All of the 44 patient Care Quality Commission comment cards we received were very 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. There were also very positive comments from external agencies included in the comment cards. We did not receive any negative comments in any form throughout the inspection process.

We spoke with three members of the patient participation group. They also told us they were very happy with the care provided by the practice and said their dignity and privacy was always respected and they felt very well cared for by all staff at the practice. Comment cards highlighted that staff responded very compassionately when they needed help and provided support when required. We witnessed non-clinical staff helping patients and communicating with clinical staff to provide the best possible outcome for patients.

Results from the national GP patient survey, dated January 2016, showed patients felt they were treated with compassion, dignity and respect. The practice was in line with local and national averages for its satisfaction scores on consultations with GPs and nurses. For example:

- 88% said the GP was good at listening to them compared to the CCG average of 84% and national average of 89%.
- 85% said the GP gave them enough time compared to the CCG average of 84% and the national average of 87%.
- 96% said they had confidence and trust in the last GP they saw compared to the CCG average of 95% and the national average of 95%.
- 83% said the last GP they spoke to was good at treating them with care and concern compared to the CCG average of 81% and the national average of 85%.
- 87% said the last nurse they spoke to was good at treating them with care and concern compared to the CCG average of 93% and the national average of 91%.
- 88% said they found the receptionists at the practice helpful compared to the CCG average of 87% and the national average of 87%.

Care planning and involvement in decisions about care and treatment

Patients told us they felt involved in decision making about the care and treatment they received. They also told us they felt listened to and supported by staff and had sufficient time during consultations to make an informed decision about the choice of treatment available to them. Patients also commented that they were very happy with the extended appointment times they were given when seeing a trainee GP. Patient feedback on the comment cards we received was also positive and aligned with these views.

Results from the national GP patient survey, dated January 2016, 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:

- 83% said the last GP they saw was good at explaining tests and treatments compared to the CCG average of 82% and national average of 86%.

Are services caring?

- 79% said the last GP they saw was good at involving them in decisions about their care compared to the CCG average of 77% and the national average of 82%.
- 85% said the last nurse they saw was good at involving them in decisions about their care compared to the CCG average of 87% and the national average of 85%.

Staff told us that translation services were available for patients who did not have English as a first language. We saw notices in the reception areas and in the practice leaflet informing patients this service was available.

Patient and carer support to cope emotionally with care and treatment

Notices and literature in the patient waiting room told patients how to access a number of support groups and organisations, the information provided was up to date and signposted patients to local and national organisations.

The practice actively sought out carer's and the practice's computer system alerted GPs if a patient was a carer. The practice had identified 1.3% of the practice list as carers. Written information was available to direct carers to the various avenues of support available to them. The practice had been hosting a carer's forum within the practice which was an opportunity for local organisations to share good practice.

Staff told us that if families had suffered bereavement, the practice sent them a sympathy card and contacted them by phone. This call was either followed by a patient consultation or they were provided with advice on how to find a support service.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

Responding to and meeting people's needs

The practice reviewed the needs of its local population and engaged with the NHS England Area Team and Clinical Commissioning Group (CCG) to secure improvements to services where these were identified.

- The practice offered extended hours on Friday evenings until 7.30pm for working patients who could not attend during normal opening hours. This had been changed from a Monday evening in response to feedback from the patient participation group (PPG).
- There were longer appointments available for patients with a learning disability, including 30 minutes for health checks.
- Home visits were available for older patients and patients who would benefit from these.
- Same day appointments were available for children and those with serious medical conditions.
- Telephone appointments were available to patients who did not require a face to face consultation.
- There was a nurse telephone helpline available daily for patients with suitable enquiries.
- The practice accommodated outside agencies such as counsellors and an ultrasound provider, whilst not operated by the practice itself, the patients were able to benefit from these services.
- The practice offered in-house phlebotomy services to all patients.
- The practice offered patients 24 hour blood pressure and cardiac monitoring.
- The practice offered patients D Dimer tests to identify blood clot formation if there was a suspected deep vein thrombosis.
- Patients were able to receive travel vaccinations available on the NHS.
- There were facilities for the disabled, wheelchair access and translation services available.

Access to the service

The practice was open between 8am and 6.30pm Monday to Thursday, with extended hours to 7.30pm on Fridays. Appointments were from 9am to 12pm every morning and from 3pm to 6pm Mondays to Thursdays, and 3pm to 7.30pm on Fridays. Weekend and evening appointments

were also available through the local GP alliance at an alternative location. In addition to pre-bookable appointments that could be booked up to four weeks in advance, urgent appointments were also available for people that needed them.

The practice website also had a link to 'econsult', an online triage system which enable patients to get a response from their own GP within 24 hours. This service was being promoted in response to patient feedback.

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

- 75% of patients were satisfied with the practice's opening hours compared to the CCG average of 75% and national average of 75%.
- 70% patients said they could get through easily to the surgery by phone compared to the CCG average of 69% and the national average of 73%.

People told us on the day of the inspection that they were always 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.

- Its complaints policy and procedures were in line with recognised guidance and contractual obligations for GPs in England.
- There was a designated responsible person who handled all complaints in the practice.
- We saw that information was available to help patients understand the complaints system; this was displayed in the waiting room, contained within the practice leaflet and on the practice website. On request patients received a patients' guide to making a complaint.

We looked at two complaints received in the last 12 months and found these were satisfactorily handled, dealt with in a timely way, openness and transparency with dealing with the complaint. Lessons were learnt from concerns and complaints and action was taken to as a result to improve the quality of care. For example, a complaint was made regarding a lack of baby changing facilities; in response to this all staff were made aware that they could offer a private 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 vision to deliver high quality care and promote good outcomes for patients.

- The practice had a brief mission statement, 'patients are our priority', which was displayed in the waiting area and staff were aware of this.
- The practice provided a business plan with a strategy for the future to encourage awareness within the practice team.

Governance arrangements

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

- There was a clear staffing structure and that staff were aware of their colleague's roles and responsibilities as well as their own.
- Practice specific policies were implemented and were available to all staff.
- A comprehensive understanding of the performance of the practice was maintained and promoted.
- A programme of continuous clinical and internal audit which was used to monitor quality and to make improvements.
- There were arrangements in place for identifying, recording and managing risks, issues and implementing mitigating actions.

Leadership and culture

The GPs 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 GPs 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 and this was confirmed by staff, by a palliative care nurse who worked alongside the practice and patients. The practice had systems in place for knowing about notifiable safety incidents

When there were unexpected or unintended safety incidents:

- The practice would give affected people 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 weekly clinical meetings, regular administration meetings and two practice meetings a year; we were able to see detailed minutes of these meetings.
- Clinical meetings had standing agenda items including significant events, complaints, safety alerts, safeguarding and patient feedback to ensure these subjects were discussed weekly.
- 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.
- Staff said they felt respected, valued and supported. All staff were involved in discussions about how the practice ran, and the GPs encouraged all members of staff to identify opportunities to improve the service delivered by the practice.

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

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

- The practice had gathered feedback from patients through the patient participation group (PPG) and through surveys and complaints received. There was an active PPG which met regularly, contributed to patient surveys and submitted proposals for improvements to the practice team. For example, the PPG had suggested a change in the extended hours from a Monday to a Friday which the practice implemented; this change had been well received with a better uptake of appointments.
- There was a comments book available in the waiting area for patients to give feedback and/or suggestions for improvement.

Are services well-led?

Good 

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

- The practice also utilised social media to seek patient feedback and to provide information on the practice itself.
- The practice had gathered feedback from staff through staff meetings, appraisals and on-going discussion. Staff told us they would not hesitate to give feedback and discuss any concerns or issues with colleagues and management. Staff told us they felt involved and engaged to improve how the practice was run.
- As the practice was a training practice for GPs, the trainees routinely completed a survey regarding their experiences at the practice and were encouraged to make suggestions for improvement. Feedback we received from trainee GPs on the day was very positive.

Continuous improvement

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

The practice team was very enthusiastic about training and had won an award for Primary Educator of the Year 2015 for the East of England.